



# Afya Ziwani

## QUARTERLY PERFORMANCE REPORT (APRIL–JUNE 2021)

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Adolescent girl in the Afya Ziwani DREAMS program writing her application letter for school fees at the Nyawawa safe space in the West Gem ward of Rangwe subcounty in Homa Bay County. Photo: PATH.

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## Abbreviations

AGYW	adolescent girls and young women
AMPATHplus	Academic Model Providing Access to Healthcare Plus
ANC	antenatal care
ART	antiretroviral therapy
ARV	antiretroviral drug
AZ	Afya Ziwani
CALHIV	children and adolescents living with HIV
CME	continuing medical education
COP20	country operational plan 2020
COVID-19	coronavirus disease 2019
DATIM	Data for Accountability, Transparency and Impact Monitoring
DREAMS	Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe
EID	early infant diagnosis
EMR	electronic medical record
FF	fisherfolk
FY	fiscal year
GBV	gender-based violence
HCW	health care worker
HF	health facility
HIV	human immunodeficiency virus
HIVST	HIV self-testing
HTS	HIV testing services
HTS_POS	HTS that showed positive result
HTS_TST	individuals who received HIV testing services
HTS_TST_POS	individuals who received HIV testing services and received positive test results
IPT	isoniazid preventive therapy
KHIS	Kenya Health Information System
LIVES	Listen, Inquire, Validate, Enhance safety and Support
LPV/r	lopinavir/ritonavir
MOH	Ministry of Health

MWENDO	Making Well-informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children
NASCOP	National AIDS & STIs Control Programme
OVC	orphans and vulnerable children
PCR	polymerase chain reaction
PEPFAR	US President's Emergency Plan for AIDS Relief
PLHIV	people living with HIV
PMTCT	prevention of mother-to-child transmission of HIV
PMTCT_ART	HIV-positive pregnant women on ART
PMTCT_POS	newly and known positive at ANC
PMTCT_STAT	pregnant women with known HIV status at the first antenatal care visit
PMTCT_STAT_POS	pregnant women with known or new HIV-positive status at their first antenatal care visit
PNS	partner notification services
PrEP	pre-exposure prophylaxis
PrEP_CURR	individuals currently active on pre-exposure prophylaxis treatment
PrEP_NEW	individuals newly enrolled in pre-exposure prophylaxis treatment
PRISM	Program Reporting Information System Management
Project ECHO	Extension for Community Healthcare Outcomes
PSSG	psychosocial support group
Q	quarter
SAPR	semiannual progress report
SASA!	Start, Awareness, Support, Action
TB	tuberculosis
TB_ART	TB/HIV coinfecting patients on ART
TB_STAT	TB patients tested for HIV
TLD	tenofovir/lamivudine/dolutegravir
TX_CURR	individuals currently enrolled in treatment
TX_CURR_VERIFY	individuals currently enrolled in treatment at their testing point or point of referral
TX_NEW	individuals newly enrolled in treatment
TX_PVLS	number of ART patients with a suppressed viral load result (<1,000 copies/mL) documented in the medical or laboratory records/laboratory information systems within the past 12 months
USAID	US Agency for International Development

VL	viral load
VLS	viral load suppression
VMMC	voluntary medical male circumcision

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# Executive summary

## Overview

Afya Ziwani (AZ) is a US Agency for International Development (USAID) project that is funded by the US President's Emergency Plan for AIDS Relief (PEPFAR). It is being implemented by a PATH-led consortium of Kenyan nongovernmental organizations over a four-year period from October 1, 2017, to August 31, 2021 (the project end date was recently revised). AZ's activities are aligned with global and PEPFAR 95-95-95 goals and the Kenyan Ministry of Health's guidelines and directives. The project builds the institutional capacity of communities, health facilities (HFs), and counties to effectively conduct and sustainably manage their responses to the HIV epidemic.

In the project's first two years, AZ supported four counties with high HIV/tuberculosis (TB) burden and one county with moderate HIV/TB burden in western Kenya. Thereafter, AZ streamlined the project's HIV/TB focus to two counties, Kisumu and Nyamira. In quarter 3 (Q3) of fiscal year 2021 (FY21)—the project's fourth year of operation—AZ continued to support provision of HIV services across the prevention-to-treatment cascade in all five subcounties of Nyamira and in three subcounties in Kisumu (East, West, and Central), except for voluntary medical male circumcision (VMMC) services, which was only supported in the Muhoroni subcounty of Kisumu. In June 2021, the project transitioned programming for key populations to Jaramogi Oginga Odinga University of Science and Technology, the lead implementer for the USAID-funded Boresha Jamii project, and programming for adolescent girls and young women (AGYW) under the DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe) component in Homa Bay and Migori counties to the USAID-funded and PATH Kenya-led Nuru Ya Mtoto project; AZ transitioned DREAMS programming in Kisumu County to the Moi University College of Health Sciences under the USAID 4TheChild project.<sup>1</sup> AZ will transition all remaining project activities in Kisumu and Nyamira counties to Boresha Jamii in August 2021. These programming shifts are part of USAID/Kenya's transition to local implementing partners.

This report provides an overview of project performance in FY21 Q3, as well as highlights achievements over the past nine months of implementation (October 2020 to June 2021), including the semiannual period. In FY21 Q3, the project prioritized HIV prevention, focusing on VMMC and pre-exposure prophylaxis (PrEP) for fisherfolk (FF). The project continued to support 128 sites, including two key population drop-in centers and 12 beach management units (under the purview of the Kisumu County Department of Fisheries) through the FF prevention and treatment program.

All HFs were assigned targets for HIV testing services: 122 were assigned targets for antiretroviral therapy (ART); 26 for TB; and 121 for prevention of mother-to-child transmission of HIV. While PEPFAR only assigned VMMC targets to two HFs, AZ supported four other satellite HFs that provide VMMC services, resulting in a total of six AZ-supported sites providing VMMC services. The project only supported and reported on VMMC services for individuals 15 years of age or older, per PEPFAR guidance.

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<sup>1</sup> The new mechanisms will report on the transitioned programs in Q3.

# Prevention

## Fisherfolk

Working through 12 government-registered beach management units, AZ reached FF with a comprehensive package of HIV prevention, care, and treatment services within the Lake Victoria landing sites in Kisumu's subcounties. Table 1 summarizes the number of FF who accessed services during the reporting period, representing an achievement of 86% (10,231) against the project's annual target of 11,868.

**Table 1. Number of FF who accessed services (FY21 Q1–Q3).**

FF	SAPR	Q3	Total	Annual Target	Achievement
Male	4,384	1,532	5,916		
Female	3,195	1,120	4,315		
<b>All FF clients</b>	<b>7,579</b>	<b>2,652</b>	<b>10,231</b>	<b>11,868</b>	<b>86%</b>

*Note:* This indicator does not have sex-disaggregated targets.

*Abbreviations:* FF, fisherfolk; FY, fiscal year; Q, quarter; SAPR, semiannual progress report.

## Voluntary medical male circumcision

AZ supported six HFs to provide VMMC services in the Muhoroni subcounty of Kisumu County. Table 2 summarizes the number of clients provided VMMC services in FY21. All 1,249 clients were reached in Q1 (representing 156% of the project's annual target); no circumcisions were conducted in Q2 and Q3. In alignment with PEPFAR's 2020 country operational plan guidance, all the clients circumcised and reported under this indicator were 15 years old or older.

**Table 2. Number of VMMCs conducted (FY21 Q1–Q3).**

Q1	Q2	Q3	Total	Annual Target	Achievement
<b>1,249</b>	<b>0</b>	<b>0</b>	<b>1,249</b>	<b>800</b>	<b>156%</b>

*Abbreviations:* FY, fiscal year; Q, quarter; VMMC, voluntary medical male circumcision.

## Pre-exposure prophylaxis

The project supported HFs to provide PrEP services to both new and continuing clients. Table 3 summarizes the number of clients who were both newly enrolled in (PrEP\_NEW) as well as continued to receive PrEP services (PrEP\_CURR) as of the end of FY21 Q3. Performance in the PrEP\_NEW indicator is at 66% of AZ's annual target (against an expected 75% benchmark for the nine-month period); the project surpassed its PrEP\_CURR target (142% achievement) in Q3.

**Table 3. Number of clients who received PrEP services (FY21 Q1–Q3).**

PrEP_NEW	SAPR	Q3	Total	Annual Target	Achievement
<b>Facility-based (Kisumu &amp; Nyamira)</b>	<b>1,573</b>	<b>823</b>	<b>2,396</b>	<b>3,642</b>	<b>66%</b>
PrEP_CURR	SAPR	Q3	Total	Annual Target	Achievement
<b>Facility-based (Kisumu &amp; Nyamira)</b>	<b>5,361</b>	<b>1,854</b>	<b>7,215</b>	<b>5,079</b>	<b>142%</b>

*Abbreviations:* FY, fiscal year; PrEP\_CURR, individuals currently active on PrEP treatment; PrEP\_NEW, individuals newly enrolled in PrEP treatment; PrEP, pre-exposure prophylaxis; Q, quarter; SAPR, semiannual progress report.

## HIV testing services

The project supported provision of HIV testing services at 128 HFIs with PEPFAR-assigned targets. Table 4 summarizes results from this activity in FY21 Q3. The project's HIV testing yield in Q3 was 3.3%, resulting in a yield of 2.9% in the nine-month period—an achievement of 78% against the PEPFAR-assigned target yield of 3.7%. In FY21 Q3, under the index-testing entry point, a total of 1,674 index clients were screened to assess their eligibility for partner notification services. Among them, 1,669 (100%) were offered and accepted partner notification services; 4,748 contacts (average of 3 per index client) were elicited; 3,407 (88%) contacts accepted testing and were tested for HIV; and 742 (22%) were newly diagnosed HIV positive. Using the proxy numerator of TX\_NEW (individuals newly enrolled in treatment), 99% of newly identified HIV-positive individuals in FY21 Q3 were linked to HIV care and treatment services, with 8 still on follow-up for linkage.

**Table 4. Number individuals enrolled in HTS (FY21 Q3).**

Indicator	SAPR	Q3	Total	Annual Target	Achievement
HTS	<b>68,200</b>	28,719	96,919	84,783	<b>114%</b>
HTS_POS	<b>1,849</b>	932	2,781	3,113	<b>89%</b>
Linked to C&T	<b>1,729</b>	865	2,594	2,982	<b>87%</b>

*Abbreviations:* C&T, care and treatment; FY, fiscal year; HTS, HIV testing services; HTS\_POS, clients who received HIV testing services and showed positive result; Q, quarter; SAPR, semiannual progress report.

## Antiretroviral therapy

The project supported 121 HFIs to provide HIV care and treatment services, including ART. Table 5 summarizes performance in the provision of ART services in FY21 Q3: AZ reached 87% of the project's annual target for TX\_NEW and achieved 84% of its annual target for TX\_CURR (individuals currently enrolled in treatment), with the project supporting 26,275 adults and children on ART.

**Table 5. Number of HIV-positive individuals enrolled in ART services (FY21 Q3).**

ART Services	SAPR	Q3	Total	Annual Target	Achievement
TX_NEW	<b>1,729</b>	865	2,594	2,982	<b>87%</b>
TX_CURR	<b>25,985</b>	26,275	26,275	31,365	<b>84%</b>
Change in TX_CURR	<b>697</b>	987	987		<b>117%</b>

*Abbreviations:* ART, antiretroviral therapy; FY, fiscal year; Q, quarter; TX\_CURR, individuals currently enrolled in treatment; SAPR, semiannual progress report; TX\_NEW, individuals newly enrolled in treatment.

## Viral load services

The project supported the 113 HFIs with PEPFAR-assigned ART targets to provide viral load (VL) testing services. Table 6 summarizes the number of VL tests completed in FY21 Q3 and the project's VL suppression rate achievement. The project's VL coverage and suppression rates were 87% and 95% respectively.

**Table 6. Viral load testing and suppression against target (FY21 Q3).**

VL	SAPR	Q3	Annual Target	Achievement
VL testing	<b>21,186</b>	22,640	31,303	<b>69%</b>
VL suppression	<b>19,940</b>	21,451	29,743	<b>68%</b>

*Note:* Annual targets are different from the expected denominator and may not reflect true project performance.

*Abbreviations:* FY, fiscal year; Q, quarter; SAPR, semiannual progress report; VL, viral load.

## TB/HIV

Table 7 summarizes project performance against key TB/HIV indicators. In Q3, the project did not reach the expected 75% benchmark across the three indicators of HIV testing, case identification, and ART initiation among people with TB. This low performance was a spillover from the previous quarters when closure of HFs during the health care worker industrial strike occurred. At their last clinic visit, 23,817 out of 26,275 (91.0%) people living with HIV were screened for TB. To improve performance in TB/HIV services, the project recruited cough monitors in high-volume/high-burden sites to assist in the identification of the cases at facility and community levels.

**Table 7. Number of individuals who received TB/HIV services (FY21 Q3).**

TB/HIV Services	SAPR	Q3	Total	Annual Target	Achievement
TB patients tested for HIV (TB_STAT)	433	206	639	1,247	51%
TB patients coinfecting with HIV	152	71	223	465	48%
TB/HIV coinfecting patients on ART (TB_ART)	145	66	211	465	45%

*Abbreviations:* ART, antiretroviral therapy; FY, fiscal year; Q, quarter; SAPR, semiannual progress report; TB, tuberculosis.

## Prevention of mother-to-child transmission of HIV

AZ supported 121 HFs to provide a full package of services for the prevention of mother-to-child transmission of HIV. Table 8 summarizes FY21 Q3 achievements against annual indicators. Overall, 99.0% (16,200 of 16,396) of women who had an antenatal care (ANC) visit during the FY21 Q1 to Q3 period were made aware of their HIV status, among whom 4.6% (750) were HIV positive. Nearly all (99.5%) of the 750 HIV-positive clients were initiated on ART. The project surpassed (at 95%) the 75% benchmark of pregnant women with known HIV status as of the end of Q3. However, it was not able to identify as many HIV-positive pregnant women as targeted, reaching a 62% achievement, with a similar performance (61%) for those receiving ART.

**Table 8. Number of pregnant women enrolled in PMTCT services (FY21 Q3).**

PMTCT Services	SAPR	Q3	Total	Annual Target	Achievement
Pregnant women with known HIV status at 1st ANC visit (PMTCT_STAT)	10,646	5,551	16,197	17,080	95%
HIV-positive pregnant women—KP & new positive (PMTCT_STAT_POS)	493	257	750	1,217	62%
HIV-positive pregnant women on ART (PMTCT_ART)	491	255	746	1,217	61%

*Abbreviations:* ANC, antenatal care; ART, antiretroviral therapy; FY, fiscal year; KP, key population; PMTCT, prevention of mother-to-child transmission of HIV; Q, quarter; SAPR, semiannual progress report.

## Early infant diagnosis

The project supported HFs to provide early infant diagnosis (EID) services for HIV-exposed infants, with an emphasis on ensuring HIV testing of HIV-exposed infants by 8 weeks of age. Table 9 summarizes the services provided for infants who were born to HIV-positive women and received a first virologic HIV test (i.e., sample collected) by 12 months of age during the reporting period. The project's achievement against the annual target for EID testing by 12 months of age was 57% as of the end of Q3. In Q3, EID coverage, as measured by using the number of HIV-positive pregnant mothers at ANC and post-ANC, was about 68%, and performance against the annual target of 750 was 45%.

To improve project performance in provision of timely EID services for HIV-exposed infants, AZ is revitalizing use of the expected date of delivery/EID-polymerase chain reaction log tool (first used in fiscal year 2019) to better track all HIV-positive women from ANC through delivery and the postnatal period. This will ensure that polymerase chain reaction tests for HIV-exposed infants are completed on time.

**Table 9. Number enrolled in EID services who had an HIV test by the age of 12 months (FY21 Q3).**

Indicator	SAPR	Q3	Total	Annual Target*	Achievement
POST-ANC + PMTCT_POS	493	265	758		
<2 Months	409	99	508	1,069	<b>48%</b>
2–12 Months	79	94	173	117	<b>148%</b>
Total EID	488	193	681	1,186	<b>57%</b>

*Abbreviations:* ANC, antenatal care; EID, early infant diagnosis; FY, fiscal year; PMTCT, prevention of mother-to-child transmission of HIV; POS, HIV positive; PMTCT\_POS, newly and known positive at ANC; Q, quarter; SAPR, semiannual progress report.

\*Note: Annual target not disaggregated by age.

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## Key achievements

### 1. High-priority population intervention: Fisherfolk

Afya Ziwani (AZ) collaborates with 12 beach management units (Dunga, Kichinjio, Nyandiwa, Paga, Usare, Rota, Ngege, Usoma, Mawembe, Ogal, Nyamware, and Nduru) in Kisumu County and HIV testing services (HTS) providers affiliated with beach management units' link health facilities (HFs) to reach fisherfolk (FF) with a comprehensive package of HIV-prevention services. These FF include those engaged in fishing (mostly male) and those engaged in trading (mostly female). AZ's behavioral interventions that target FF include Splash Inside Out and Shuga 2; biomedical interventions, including HTS, voluntary medical male circumcision (VMMC), and condom promotion; and structural interventions, such as Start, Awareness, Support, Action! (SASA!).

#### Key results

In fiscal year 2021 (FY21) quarter 3 (Q3), 2,652 FF received services through the project's partnership with the Kisumu Department of Fisheries. This brought the total of FF reached during the October 2020 through June 2021 period to 10,231, representing 86% of the project's annual target (see Table 10). Of the 10,231 total FF reached in FY21, 58% (5,916) were male and 42% (4,315) were female.

Table 11 presents the cascade of HTS provided to FF in FY21 from Q1 to Q3. Of 55 HIV-positive people identified in FY21 Q3, 54 (98%) were linked to care and treatment at project-supported HFs, with the remainder linked to other partner sites. Table 12 depicts HTS results among FF, by Kisumu County area, for FY21 Q1 to Q3. FF also benefited from service referrals for VMMC, pre-exposure prophylaxis (PrEP), screening for sexually transmitted infections, and gender-based violence (GBV) services.

**Table 10. Number of FF reached, by sex (FY21 Q1–Q3).**

FF	SAPR	Q3	Total	Annual Target	Achievement
Male	4,384	1,532	5,916		
Female	3,195	1,120	4,315		
All	7,579	2,652	10,231	11,868	86%

Abbreviations: FF, fisherfolk; FY, fiscal year; Q, quarter; SAPR, semiannual progress report.

**Table 11. FF HTS results across the cascade (FY21 Q1–Q3).**

FF	SAPR	Q3	Total	Target	Achievement
FF reached	7,579	2,652	10,231		
Known positive (on treatment)	533	210	743		
Offered testing	4,093	1,460	5,553		
Newly tested	4,044	1,460	5,504	11,868	46%
HIV positive	121	55	176	456	39%
Linked to care & treatment	114	54	168	456	37%

Abbreviations: FF, fisherfolk; FY, fiscal year; HTS, HIV testing services; Q, quarter; SAPR, semiannual progress report.

**Table 12. FF HTS services across the cascade in Kisumu County (FY21 Q1–Q3).**

Kisumu Areas	Total Reached With Prevention Services	Known Positive			Newly Tested			Declined Testing/Referred			Tested Positive and Started on Treatment		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total
Central Kisumu Ward	3,699	77	59	136	24	892	916	32	10	42	22	34	56
Kabonyo kanyagwal	922	40	24	64	11	130	141	-	-	-	11	5	16
Kobura Ward	1,748	85	99	184	19	448	467	1	3	4	19	17	36
Market Milimani Ward	996	57	55	112	5	189	194	2	-	2	5	11	16
Nyalenda B Ward	537	24	17	41	6	175	181	-	-	-	5	7	12
Southwest Kisumu Ward	2,329	117	89	206	8	423	431	1	-	1	8	28	36
<b>All areas</b>	<b>10,231</b>	<b>400</b>	<b>343</b>	<b>743</b>	<b>73</b>	<b>2,257</b>	<b>2,330</b>	<b>36</b>	<b>13</b>	<b>49</b>	<b>70</b>	<b>102</b>	<b>172</b>

Abbreviations: F, female; FF, fisherfolk; FY, fiscal year; HTS, HIV testing services; M, male; Q, quarter; SAPR, semiannual progress report.

## Discussion

With an achievement of 86% against the project's annual target for FF reached with prevention and HTS, the project has reached and surpassed the Q3 performance threshold of 75%. Testing yield among FF was 2.1% for the Q3 period (target yield was 3.8%). The linkage rate was 98% in Q3 and 94% in the semiannual progress report (SAPR) period. Declines have markedly reduced.

## 2. Voluntary medical male circumcision

In FY21, 800 clients were targeted for VMMC services in the AZ-supported subcounty of Muhoroni in Kisumu County. Support (comprising provision of consumables, equipment, reporting tools, support supervision, mentorship, and technical support) was provided to six VMMC-providing HFs. Two HFs had targets assigned by the US President's Emergency Plan for AIDS Relief (PEPFAR), and the remaining four were satellite HFs. During FY21 Q3, AZ continued to support the Government of Kenya in recommending the dorsal slit technique.

## Key results

All male circumcisions in FY21 were conducted in Q1, as presented in Table 13. Table 14 summarizes VMMCs performed, by age band, and highlights that all 1,249 individuals circumcised in FY21 (representing 100% uptake) were 15 years of age or older. This is in conformity with PEPFAR's VMMC guidance in its country operational plan 2020 (COP20).

**Table 13. Number of VMMCs performed (FY21 Q1–Q3).**

County	Q1	Q2	Q3	SAPR	Annual Target	Achievement
Kisumu	1,249	0	0	1,249	800	156%

Abbreviations: FY, fiscal year; Q, quarter; SAPR, semiannual progress report; VMMC, voluntary medical male circumcision.

**Table 14. Number of VMMCs performed, by age band (FY21 Q1–Q3).**

Reporting Period	Total	Less than 15 years old	More than 15 years old	Achieved for those 15 years old or older
Q1	1,249	0	1,249	100%
Q2	0	0	0	0%
Q3	0	0	0	0%
SAPR	1,249	0	1,249	100%

*Abbreviations:* FY, fiscal year; Q, quarter; SAPR, semiannual progress report VMMC, voluntary medical male circumcision.

Further VMMC results to note in FY21 include:

- 79% of clients returned for their follow-up visit within 14 days of circumcision (988/1,249).
- No adverse event or tetanus cases were reported.
- 74% (929/1,249) of clients were tested for HIV as part of the minimum package of VMMC services, with no HIV-positive individuals identified among those tested.

## Discussion

The project surpassed its annual target of 800 male circumcisions, supporting 1,249 VMMCs in FY21 (156% achievement against annual target). Having surpassed this target, AZ did not offer active project support to the HFs in conducting VMMC. In alignment with the PEPFAR COP20 guidance on VMMC services, the project only supported and reported on the provision of male circumcision services to individuals 15 years of age or older. Working closely with the subcounty VMMC focal person and task force, AZ resensitized the staff at the HFs on this latest PEPFAR guidance for male circumcisions. The subcounty task force also allocated targets per site, including satellite sites; these targets were further allocated per surgeon.

## 3. Pre-exposure prophylaxis

Kenyan PrEP guidelines target individuals older than 15 years for PrEP. AZ focuses PrEP services on high-priority adolescent girls and young women (AGYW), key populations (i.e., female and male sex workers, transgender people), and serodiscordant couples in the general population. According to National AIDS & STIs Control Programme (NASCOP) data, HIV treatment centers, maternal and child health clinics, main AGYW safe spaces, and key population drop-in centers are the primary service delivery points for PrEP. AZ's mandate is to provide technical support for service delivery and reporting, supply service delivery points with PrEP reporting tools, and build capacity for county- and HF-based activities. AZ reports on the two indicators of PrEP\_NEW (individuals newly enrolled in pre-exposure prophylaxis treatment) and PrEP\_CURR (individuals currently active on pre-exposure prophylaxis treatment), which are now reported quarterly.

In FY21 Q3, PrEP was offered to serodiscordant couples in the general population through 56 sites across Kisumu and Nyamira counties. The project also worked with the AGYW/DREAMS (Determined, Resilient, Empowered, AIDS-Free, Mentored and Safe) partner to ensure that the AGYW who receive PrEP at the safe spaces are captured and reported via the link facility assigned to each safe space for provision of biomedical services, including PrEP. Safe spaces use link HFs' health care workers (HCWs) to provide high-quality services; tools to record services in the Kenya Health Information System (KHIS), as safe spaces do not have a master facility linkage code; and commodities, with the link facility forecasting and procuring stocks from the Kenya Medical Supplies Authority.

## Key results

Tables 15 and 16 provide breakdowns of the number of individuals newly enrolled in and currently receiving PrEP, respectively, in project-supported counties, as of June 2021.

**Table 15. Number of individuals newly enrolled in PrEP treatment, by county (FY21 Q1–Q3).**

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	1,463	663	2,126	2,939	72%
Nyamira	110	160	270	703	38%
<b>Total</b>	<b>1,573</b>	<b>823</b>	<b>2,396</b>	<b>3,642</b>	<b>66%</b>

*Abbreviations:* FY, fiscal year; PrEP, pre-exposure prophylaxis; Q, quarter; SAPR, semiannual progress report.

**Table 16. Number of individuals supported currently active in PrEP treatment, by county (FY21 Q1–Q3).**

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	4,981	1,477	6,458	4,095	158%
Nyamira	380	377	757	984	77%
<b>Combined</b>	<b>5,361</b>	<b>1,854</b>	<b>7,215</b>	<b>5,079</b>	<b>142%</b>

*Abbreviations:* FY, fiscal year; PrEP, pre-exposure prophylaxis; Q, quarter; SAPR, semiannual progress report.

## Discussion

### New PrEP enrollment

In FY21 Q3, 823 individuals were newly enrolled on PrEP, resulting in a total of 2,396 new PrEP enrollees in FY21 (66% achievement against the annual target). The average number of monthly PrEP initiations in Q3 was 274, which reflects a reduction compared to Q2 (312) but an increase compared to the Q1 to Q2 average (262). The reduction in Q3 may be attributed to a slowing of implementation due to program transitions to different implementing partners, especially in Kisumu County<sup>2</sup> where the monthly average in Q3 dropped to 221 compared to 287 in Q2. Kisumu also reported the second-lowest performance (129) during the entire nine-month period in June. Despite these reductions, Kisumu County performed well against the annual target, achieving 72% (2,126/2,939) of the target.

While Nyamira's annual achievement of 38% (270/703) was much lower compared to Kisumu County, the county's Q3 performance (160) was higher than its combined Q1 and Q2 performance (110). This can be due to particularly high enrollment experienced in June, with nearly three times as many individuals enrolled in PrEP compared to May (103 versus 34). This improvement in Nyamira was occasioned by subcounty health management team supervision of HFs focusing on PrEP, among other low-performing indicators; project-led assignment of individual PrEP targets to HTS providers; and capacity-building of HCWs on PrEP through continuing medical education (CME) (this is detailed further in Table 59 in Section 11.1).

PrEP education was offered to the general population and AGYW. Regarding PrEP continuation rates, 90% of clients initiated on PrEP came back at month 1, with the rate dropping to 50% at month 3.

<sup>2</sup> AZ has transitioned AGYW programming in Kisumu County fully to Moi University under the USAID 4TheChild project.

## Active PrEP cohort

The total number of individuals actively receiving PrEP services as of the end of June 2021 was 7,215, representing 142% against the project's annual target. All clients currently on PrEP tested HIV negative, with no seroconversions among clients enrolled on PrEP.

Reasons that individuals opted to discontinue PrEP services included self-assessment that they were not at risk of HIV transmission, partner refusal, stigma, lack of comfort in picking PrEP refills at comprehensive care centers (where antiretroviral therapy [ART] is also dispensed), side effects, pill burden, long distances to facilities, HCW attitudes, lack of support from parents/guardians for adolescents, relocation, preference for other prevention methods (consistent condom use), and partner's death/separation.

## 4. HIV testing services

### 4.1 Health facility–based HTS

In FY21, AZ has a target to reach 84,783 individuals with HIV testing in 128 HFs, with 3,113 (3.7%) expected to be HIV positive. These numbers represent a reduction from the FY20 targets, with a higher decrease in the testing target, which dropped by 31% from the 122,137 target in FY20. This has called for diligence in identifying the individuals who are likely to test positive—those unreached—with the optimal use of screening tools.

The project supported the 128 HFs to achieve the targets through deployment of HTS providers, capacity-building, provision of data-collection tools, mentorship, and supportive supervision. The project also provided HFs with direct service delivery support, including deployment of 112 nonclinical HTS providers (including volunteers) at 90 sites. This resulted in 70% coverage, with coverage lower in Nyamira at 67% compared to Kisumu at 100%.

In FY21 Q3, the project continued to enhance the working strategies that had been initiated in the previous year. Among these was the optimization of an eligibility screening tool for all clients in the outpatient department, along with testing of those who meet the eligibility criteria. HTS at the HF level were restructured, including shifting staff to meet the need and address technical challenges.

### Key results

Table 17 presents the results and achievements of the key project-supported HTS at the FY21 Q3 period. For overall HTS, the project surpassed the annual target for the number of people tested, with 114% achievement. Both counties also surpassed the testing targets, with 98% achievement for Kisumu and 132% for Nyamira.

**Table 17. Project-supported HTS results, by county (FY21 Q3).**

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	30,965	12,913	43,878	44,560	98%
Nyamira	37,235	15,778	53,013	40,223	132%
<b>Combined</b>	<b>68,200</b>	<b>28,691</b>	<b>96,891</b>	<b>84,783</b>	<b>114%</b>

*Abbreviations:* FY, fiscal year; HTS, HIV testing services; Q, quarter; SAPR, semiannual progress report.

### Pediatric clients

A total of 757 pediatric clients (15 years old or younger) were counseled and tested in the Q3 period, representing 2.6% of the total tested (757/28,691). The project achieved 51% of the COP20 testing target of 5,434 (see Table 18). Nyamira surpassed the pediatric testing target with achievement at 110%, and Kisumu achieved 27%.

**Table 18. Pediatric HTS results, by county (FY21 Q3).**

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	788	238	1,026	3,863	27%
Nyamira	1,213	519	1,732	1,571	110%
<b>Combined</b>	<b>2,001</b>	<b>757</b>	<b>2,758</b>	<b>5,434</b>	<b>51%</b>

*Abbreviations:* FY, fiscal year; HTS, HIV testing services; Q, quarter; SAPR, semiannual progress report.

### People living with HIV identified and linked to care and treatment

As Table 19 presents, 935 clients among those who received HTS were found to be HIV positive in FY21 Q3, compared to 944 clients in Q2 and 905 in Q1. In Q3, the project achieved 89% against target, with Nyamira surpassing its annual target at 122% and Kisumu improving by 15%—from 41% in Q2 to 66% at Q3.

**Table 19. Number of HTS\_TST\_POS results, by county (FY21 SAPR).**

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	757	457	1,214	1,830	66%
Nyamira	1,092	478	1,570	1,283	122%
<b>Combined</b>	<b>1,849</b>	<b>935</b>	<b>2,784</b>	<b>3,113</b>	<b>89%</b>

*Abbreviations:* FY, fiscal year; HTS\_TST\_POS, individuals who received HIV testing services and received positive test results; Q, quarter; SAPR, semiannual progress report.

As shown in Table 20 below, the project had a yield of 3.3% in Q3, resulting in a 2.9% yield in the past nine months of project implementation, which translates to 78% achievement of the annual target of 3.7%. The achievement was higher in Nyamira (94%).

**Table 20. HTS\_TST\_POS yield, by county (FY21 Q3).**

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	2.4%	3.5%	2.8%	4.1%	68%
Nyamira	2.9%	3.0%	3.0%	3.2%	94%
<b>Combined</b>	<b>2.7%</b>	<b>3.3%</b>	<b>2.9%</b>	<b>3.7%</b>	<b>78%</b>

*Abbreviations:* FY, fiscal year; HTS\_TST\_POS, individuals who received HIV testing services and received positive test results; Q, quarter; SAPR, semiannual progress report.

Table 21 presents performance in the SAPR, Q3, and FY periods for people living with HIV (PLHIV) linked to care and treatment, by county, using the proxy indicator of those newly initiated on ART. The linkage rate for the quarter was 93%, with a lower rates in Kisumu of 86% for the quarter and 87% for the year-to-date period.

**Table 21. HTS linkage results against proxy indicator HTS\_TST\_POS (FY21 Q3).**

County	FY21 SAPR			FY21 Q3			Total		
	HTS_POS	TX_NEW	% Linked	HTS_POS	TX_NEW	% Linked	HTS_POS	TX_NEW	% Linked
Kisumu	757	666	88%	457	395	86%	1,214	1,061	87%
Nyamira	1,092	1,063	97%	478	470	98%	1,570	1,533	98%
<b>Combined</b>	<b>1,849</b>	<b>1,729</b>	<b>94%</b>	<b>935</b>	<b>865</b>	<b>93%</b>	<b>2,784</b>	<b>2,594</b>	<b>93%</b>

*Abbreviations:* FY, fiscal year; HTS, HIV testing services; HTS\_TST\_POS, individuals who received HIV testing services and received positive test results; Q, quarter; SAPR, semiannual progress report; TX\_NEW, individuals newly enrolled in treatment.

Table 22 below presents the FY21 Q3 performance for PLHIV linked to care and treatment, by county, using the Master Facility Linkage Register. The resulting linkage rate of 99% was above the 93% reported proxy linkage.

**Table 22. HTS linkage results (FY21 Q3).**

County	Total New Positives	Known Positives in Care	Linked to AZ Facility	Linked to a Non-AZ Facility	Linked Within the Same Facility	Still on Follow-Up for Linkage	Total Accounted For	Total Linked	% Linkage
Kisumu	457	0	1	11	213	2	227	225	99%
Nyamira	475	0	11	3	301	6	321	315	98%
<b>Both</b>	<b>932</b>	<b>0</b>	<b>12</b>	<b>14</b>	<b>514</b>	<b>8</b>	<b>548</b>	<b>540</b>	<b>99%</b>

*Abbreviations:* AZ, Afya Ziwani; FY, fiscal year; HTS, HIV testing services; Q, quarter.

## Discussion

In Q3, there was an 11% (3,669) reduction in the number of tests compared to Q2. The reduction was greater in Nyamira (14%, 2,646) compared to Kisumu (7%). It may seem that the project exceeded the annual counseling and testing targets at Q3 in both counties (Nyamira achieved 132% and Kisumu achieved 98%). However, from a day-to-day perspective, this translates to an average of four tests per site per day for the 128 sites. In sites with more than one counselor, this translates to two to three tests per provider per day. Indeed, the use of the HTS eligibility screening tool has led to an approximately 60% reduction in the tests offered to clients in the outpatient department and in community testing. The overall testing efficiency as at the Q3 period was 128% (114%- achieved for HTS\_TST/89% - achieved for HTS\_TST\_POS). Kisumu achieved a lower efficiency in Q3 of 148%, a reduction from 168% as at the SAPR period. Nyamira achieved a near-optimal 108% in Q3 compared to 109% as at the SAPR period.

The project identified a total of 935 HIV-positive clients in Q3, for a total of 2,784 identified clients in the year to date. Kisumu achieved 66% (1,214/1,830) and Nyamira 122% (1,570/1,283) against county-specific COP20 targets. Kisumu County improved in Q3, with the average monthly identification of HIV-positive clients matching the expected target of 152. This led to a total of 547 clients identified during the quarter—its highest performance in the 3 quarters. The positivity in Q3 for Kisumu (3.5%) points to the efficiencies that were put in place through a rapid results initiative, dubbed “turning the tide.” The providers were each given a target based on their deficit in meeting the targets.

For pediatric testing, the project achieved 51%—having tested a total of 2,758 against a target of 5,434 clients in the period under review. Nyamira achieved 110% (1,732/1,571) in this quarter and Kisumu 27% (1,026/3,863). Both counties recorded a reduction in the average number of pediatric tests. The project achieved 37% (84) of the annual target of 225 HIV-positive children, with Q3 contributing 30 clients

compared to Q2's 23 clients. The proxy linkage rate for pediatric clients was 117% (98/84), which was attributable to some of the clients being linked from the early infant diagnosis (EID) positive tests.

## 4.2 Index client testing and partner notification services

In FY21 Q3, to increase the uptake of index client testing and partner notification services (PNS), AZ continued to expand the range of providers who can deliver these services by supporting on-site sensitization meetings of HCWs, including nurses, clinicians, adherence-support counselors, nonclinical and volunteer HTS providers, lab officers, and supervisors. The project also worked with HF-based and roving PNS champions to mentor these providers on PNS. All project-supported HTS sites had capacity to provide PNS either through the project-supported HTS providers or Ministry of Health (MOH) clinical teams and PNS mentors.

### Key results

Tables 23 through 27 summarize the index client testing cascades for the FY21 SAPR and/or Q3 period and their contribution to HIV positives and yield, as well as breakdowns by sex, tested population, and county.

**Table 23. ICT cascade of services, overall, by quarter (FY21 Q3).**

Cascade	SAPR	Q3	Total
Total index clients offered PNS	3,415	3,415	1,674
Index clients screened/accepted PNS	3,401	3,401	1,669
PNS acceptance rate	<b>100%</b>	<b>100%</b>	<b>100%</b>
Contacts identified	8,802	8,802	4,748
Ratio of contacts identified	1:3	1:3	1:3
Known positives	1,631	1,631	881
Known positives (%)	19%	19%	19%
Eligible clients	7,171	7,171	3,867
Tested clients	6,333	6,333	3,407
Uptake of testing	88%	88%	88%
Newly tested positives	1,337	1,337	742
Newly tested positives (%)	21%	21%	22%
Linked clients	1,302	1,302	734
Linked clients (%)	97%	97%	99%

*Abbreviations:* FY, fiscal year; ICT, index client testing; PNS, partner notification services; Q, quarter; SAPR, semiannual progress report.

**Table 24. ICT service outcomes, overall, by quarter (FY21 Q3).**

Category	Q1	Q3	Total	Annual Target	Achievement
Total tested	68,200	28,719	96,919	84,783	114%
Total positive	1,849	932	2,781	3,113	89%
Total positive yield (%)	2.7%	3.25%	2.87%	3.7%	78%
PNS tested	6,333	3,407	9,740	5,039	193%

PNS positives	1,337	742	2,079	932	223%
PNS positive yield (%)	21%	22%	21%	18%	119%
PNS contribution (%)	72%	80%	75%	30%	249%

Abbreviations: FY, fiscal year; ICT, index client testing; PNS, partner notification services; Q, quarter.

**Table 25. Summary of ICT cascade, by sex (FY21 Q3).**

Indicator	FY21 Q1		FY21 Q3		FY21 Total	
	Male	Female	Male	Female	Male	Female
Male/female ratio to total eligible tested	51%	49%	50%	50%	51%	49%
Ratio of contacts elicited	1:3	1:2	1:3	1:3	1:3	1:3
Eligible tested (%)	87%	90%	86%	90%	86%	90%
HIV positivity (%)	15%	27%	16%	28%	15%	27%
Linkage (%)	97%	98%	97%	96%	97%	98%

Abbreviations: FY, fiscal year; ICT, index client testing; Q, quarter.

**Table 26. ICT cascade per tested population (FY21 Q3).**

Indicator	General Population	PMTCT	STF
Percentage of index clients screened	98%	98%	100%
Ratio of contacts elicited	1:3	1:3	1:3
Percentage of eligible tested	90%	72%	83%
HIV positivity	21%	17%	33%
Percent linkage	99%	100%	100%

Abbreviations: FY, fiscal year; ICT, index client testing; PMTCT, prevention of mother-to-child transmission of HIV; Q, quarter; STF, suspected treatment failure.

**Table 27. PNS cascade of services, by county, among those ≥15 years old (FY21 Q3).**

Indicator	Kisumu	Nyamira	Total
Total index clients offered PNS	742	932	1,674
Index clients screened/accepted PNS	742	927	1,669
PNS acceptance rate (%)	100%	99%	100%
Contacts identified	2,462	2,071	4,533
Ratio of contacts identified	1:3	1:2	1:3
Known positives	491	385	876
Known positives (%)	20%	19%	19%
Eligible	1,971	1,686	3,657
Tested	1,686	1,525	3,211
Uptake of testing (%)	86%	90%	88%
Newly tested positive	338	385	723

Newly tested positive (%)	20%	25%	23%
Linked	332	384	716
Linked (%)	98%	100%	99%

Abbreviations: FY, fiscal year; PNS, partner notification services; Q, quarter.

## Discussion

During FY21 Q3, 1,674 index clients were offered testing services for their contacts; 1,669 (100%) index clients accepted, and 4,533 contacts were elicited. Of the elicited contacts, 19% (876) were known positives. Of the eligible 3,657 contacts, 88% (3,211) were tested, yielding 723 (23%) HIV positives, of whom 716 (99%) were immediately linked to treatment.

For the period from Q1 to Q3, a cumulative total of 18,086 contacts were elicited from 6,749 index clients, of whom 3,388 (19%) were known positives. The average elicitation ratio overall was 1:3, higher in Kisumu (1:3) than Nyamira (1:2). Performance against the annual target for index testing was 194%. The HIV-positive achievement was 223% (2,079/932). The contribution of index testing to the overall positives was 75% (2,079/2,784), with a peak of 81% reported in May 2021; the contribution was higher in Nyamira at 79% compared to Kisumu's 69%.

The project used the active PNS approach and closely worked with the index clients to notify and reach out to the elicited contacts with testing services. Ninety-eight percent (2,036/2,079) were linked to care and treatment in the three quarters, using escorted referrals of the HIV-positive clients to the comprehensive care centers. Over 70% of the contacts were tested at the community setting using the provider referral approach.

To optimize case-finding strategies and improve testing efficiency, the project will continue to involve the expanded range of providers who are capable of providing index-testing services. The project will aim for an overall elicitation ratio of 1:3, testing uptake of greater than 95%, and 100% linkage of newly identified cases. In addition, the project will ensure that all supported sites meet the minimum standards for safe and ethical index-testing services and routine monitoring. It will put in place remediation practices for accountability and actions to improve the quality and effectiveness of index-testing services.

### 4.3 HIV self-testing

In FY21 Q3, 44 project-supported sites reported that 453 HIV self-testing (HIVST) kits had been distributed in the quarter. This brought the total to 6,382 kits distributed against a COP20 target of 34,889 (see Table 28), representing a performance of 18% in the fiscal year period to date. The project experienced shortages of the HIVST kits during the quarter. It continued to use the two-pronged strategy for HIVST—the HF- and community-based models—with optimization of the assisted approach for the clients.

For the HF-based strategy, the key focus of self-testing was to improve uptake among men by reducing missed opportunities—especially among partners of mothers attending antenatal care (ANC) services and partners of HIV-positive clients who are unwilling to be tested by the HCW. This was done by providing them the option of self-testing at the HF or at home.

The purpose of the community-based model was to serve as a complementary approach to the existing HTS by targeting men during integrated outreaches; the goal was to reach a testing ratio of over 53% men to women. Information on HIVST was offered during outreach mobilization. HIVST kits were provided to clients who were eligible for testing (determined through a screening tool) but declined to be tested; there was secondary distribution to partners of the men who tested positive.

## Key results

Table 28. HIVST kits distributed (FY21 Q3).

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	2,172	95	2,267	18,153	12%
Nyamira	3,757	358	4,115	16,736	25%
<b>Combined</b>	<b>5,929</b>	<b>453</b>	<b>6,382</b>	<b>34,889</b>	<b>18%</b>

Abbreviations: FY, fiscal year; HIVST, HIV self-testing; Q, quarter; SAPR, semiannual progress report.

In line with the revised strategy for HTS, the following were achieved:

- In Q3, 453 HIVST kits were distributed, a decrease from the 1,448 in Q2, for a cumulative 6,382 in the fiscal year to date.
- For the 6,382 HIVST kits distributed, 4,827 (87%) of the tests were done through the directly assisted approach and 1,102 (19%) were done through the unassisted approach.
- Of the 1,102 tests that were done using the unassisted approach, 572 (52%) were distributed for the client's own use, 504 (46%) were distributed for use among sexual partners, and the remaining 26 (2%) were distributed for other various uses.
- HIVST kits distribution targets were allocated to the various populations, including female sex workers, men who have sex with men, AGYW, FF, and men.
- Of all the distributed kits, 89% (4,199/4,706) had results available.
- 66 individuals were found to be HIV positive through HIVST, giving a positivity rate of 1.1% and a performance rate of 5% against the annual target of 1,299. All 66 clients were retested for confirmation, with only 49 confirming as positive.

## Discussion

Only 453 kits were distributed in Q3, a decrease compared to 1,148 in Q2 and 4,781 in Q1. The threefold reduction in Q3 is attributable to HIVST kit stockouts in the country, which has stalled the mapped community HIVST distribution to the targeted populations. Neither county has reached a 50% performance. The preferred directly assisted approach takes precedence as a modality of distribution; it achieved 87% against the project-desired >90%. As well, the follow-up of results has markedly improved, with 89% availing their results, compared to 71% at the SAPR period. The positivity still remains low (1.1%), with 49 (74%) of those testing positive being confirmed.

## 5. HIV care and treatment

### 5.1 New on treatment

In FY21 Q3, AZ supported 121 HFs with PEPFAR targets to provide ART. All of these HFs had TX\_CURR (individuals currently enrolled in treatment) targets; 121 had TX\_NEW targets; and only 26 had tuberculosis (TB)/HIV targets. The target for PLHIV newly initiated on ART was 2,982, which represented 96% of the newly tested PLHIV target of 3,113.

## Key results

Tables 29 and 30 show the number of new and pediatric clients initiated on ART in Q3 against the annual targets, by county. The project is on track to meeting the COP20 target and has surpassed the expected 75% performance at Q3 for all the new clients on ART (87%). However, the pediatric performance falls short of the expected target at 43%. For the 12-month cohort of newly enrolled ART patients, the project reported 86% retention, with 769 of the total cohort of 893 still active at 12 months at the end of FY21 Q3 (see Table 31).

**Table 29. New clients on ART, by county (FY21 Q3).**

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	666	395	1,061	1,757	60%
Nyamira	1,063	470	1,533	1,225	125%
<b>Combined</b>	<b>1,729</b>	<b>865</b>	<b>2,594</b>	<b>2,982</b>	<b>87%</b>

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; Q, quarter; SAPR, semiannual progress report.

**Table 30. New pediatric clients on ART, by county (FY21 Q3).**

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	32	17	49	135	36%
Nyamira	33	16	49	91	54%
<b>Combined</b>	<b>65</b>	<b>29</b>	<b>98</b>	<b>226</b>	<b>43%</b>

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; Q, quarter; SAPR, semiannual progress report.

**Table 31. Twelve-month cohort retention (FY21 Q3).**

County	Net Cohort	On ART 12 Months	% Retention
Kisumu	429	385	90%
Nyamira	464	384	83%
<b>Combined</b>	<b>893</b>	<b>769</b>	<b>86%</b>

Source: Ministry of Health (MOH) 731 health facility report.

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; Q, quarter.

## Discussion

In FY21 Q3, 865 clients were initiated on treatment, a slight decrease from the 888 reported in Q2, for a total of 2,594 in the three quarters of the fiscal year. This translates to an 87% achievement against the COP20 target, with three months to the end of implementation period. Kisumu recorded the highest number in this quarter (395) compared to the other quarters. This was partly due to the rapid results initiative for identifying HIV-positive clients that was mooted in April 2021. On the other hand, Nyamira recorded its lowest quarterly performance of 470 against Q2's 551 clients. This is in keeping with the reduced identification, as reported on HTS\_TST\_POS indicator.

The overall proxy linkage rate of 93.3% was below the targeted 96.0%. Kisumu's 86% linkage rate in Q3 compared to the 101% for Nyamira is a replication of what has been witnessed in the other quarters. This low linkage in Kisumu continues to be attributed to the project's low facility coverage in this county; some unknown known-positive clients presenting as new testers; and clients' preference to be linked to HFs outside of the program's coverage. The adjusted linkage rate (deduced by factoring in the clients who get

linked outside of the project-supported facilities and using the Master Facility Linkage Register) for Kisumu County is 99%, which is more representative of the project's performance.

Those who were not linked to care are being actively followed up, with a plan to link and initiate all clients, preferably in AZ-supported facilities. ART enrollment strategies, including facility performance tracking, were used to assess the gaps and opportunities that existed in the facilities.

## 5.2 Currently on treatment

The project's FY21 annual target for those currently on ART is 31,365. Of these, the target for pediatric clients (15 years old or younger) is 2,201 (9% of total).

### Key results

At the end of Q3, the total number of HIV clients currently on ART was 26,275, which is 84% of the annual target of 31,365 (see Table 32).

**Table 32. Total current clients on ART, by county (FY21 Q3).**

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	10,311	10,503	10,503	16,434	64%
Nyamira	15,674	15,772	15,772	14,931	106%
<b>Combined</b>	25,985	26,275	26,275	31,365	84%

*Abbreviations:* ART, antiretroviral therapy; FY, fiscal year; Q, quarter; SAPR, semiannual progress report.

Table 33 presents the total number of current pediatric clients (15 years old or younger) who were on ART in Q3 against the annual target, by county. Of the total number of clients currently on ART, 1,482 (5.6%) were children 15 years old or younger. The project thus reached 67% of annual target for this age group (2,201).

**Table 33. Current pediatric clients on ART, by county (FY21 Q3).**

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	564	543	543	1,095	50%
Nyamira	970	939	939	1,106	85%
<b>Combined</b>	1,534	1,482	1,482	2,201	67%

*Abbreviations:* ART, antiretroviral therapy; FY, fiscal year; Q, quarter; SAPR, semiannual progress report.

### Discussion

At the FY21 Q3 period, the project passed the 26,000 mark for the current on ART cohort to achieve 26,275 against a COP20 target of 31,365, translating to an 84% performance. County performance against the annual target was 64% (10,503/16,434) in Kisumu and 106% (15,772/14,931) in Nyamira. Kisumu's target for TX\_CURR increased due to the inclusion of Chulaimbo Sub County Hospital, which is currently supported by another partner, Academic Model Providing Access to Healthcare Plus (AMPATHplus).

From a baseline of 25,985 current on ART in March 2021 and 865 new on ART in Q3, the number of clients currently on ART should be 26,850; the actual reported number was 26,275. This translates to a crude retention rate of 98% (26,275/26,850).

Among the pediatric clients, the project achieved a 67% performance against target (2,201, which included clients from Chulaimbo Sub County Hospital). This was a reduction from the 1,534 in the SAPR period. This was in part due to some pediatric clients growing older and transitioning to adolescence.

### 5.3 Retention

#### Key results

Table 34 presents a snapshot of the project's retention in FY21 Q3.

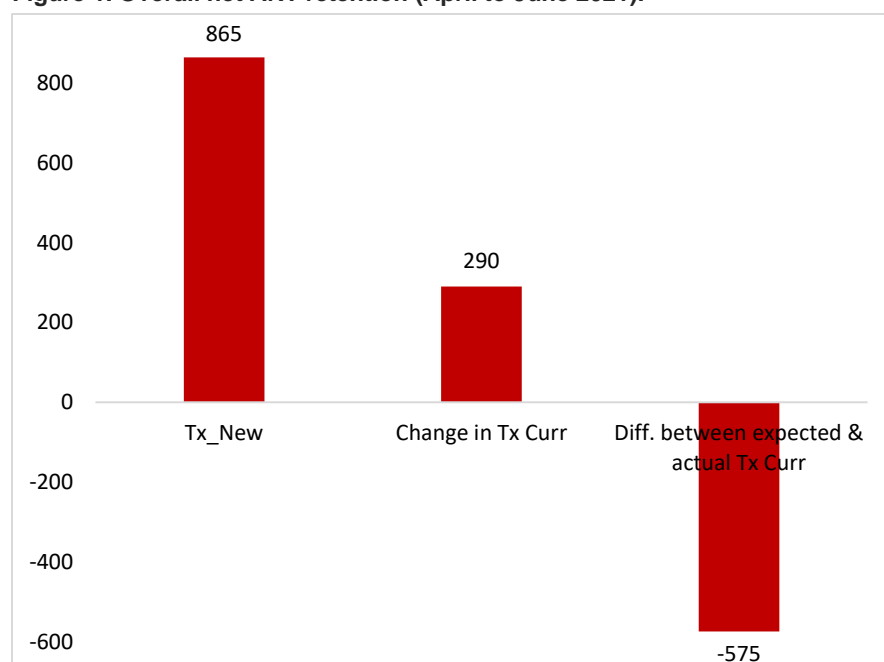
**Table 34. Current ART net gain, by county (FY21 Q3).**

County	Currently on ART	New on ART	Transfers In	Defaulters	Expected Gain	Expected Current on ART	Actual Current on ART	Gain/Loss
Kisumu	10,311	395	55	276	174	10,485	10,503	18
Nyamira	15,674	470	230	508	192	15,866	15,772	-94
<b>Both</b>	<b>25,985</b>	<b>865</b>	<b>285</b>	<b>784</b>	<b>366</b>	<b>26,351</b>	<b>26,275</b>	<b>-76</b>

*Abbreviations:* ART, antiretroviral therapy; FY, fiscal year; Q, quarter.

Figure 1 presents the project's retention performance on expected and net gain.

**Figure 1. Overall net ART retention (April to June 2021).**



*Abbreviations:* ART, antiretroviral therapy; TX\_CURR, individuals currently enrolled in treatment; TX\_NEW, individuals newly enrolled in ART treatment.

Table 35 presents the monthly changes in the numbers currently on treatment at the county level and at the overall project level during the reporting period.

**Table 35. Monthly changes in numbers currently on ART, by county and overall (FY21 Q3).**

County	Currently on ART (March 2021)	Monthly Change in TX_CURR		
		April 2021	May 2021	June 2021
Kisumu	10,311	20	107	65
Nyamira	15,674	33	30	35
<b>Combined</b>	<b>25,985</b>	<b>53</b>	<b>137</b>	<b>100</b>

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; Q, quarter; TX\_CURR, individuals currently enrolled in treatment.

## Discussion

As depicted in Figure 1, the overall retention in FY21 Q3 was 33% (290) of those newly initiated on treatment. Added to the active clients on treatment, this translates to a loss of 575. To improve retention, the peer educators and facility appointment leads continued to receive airtime for appointment management. They also continued to prompt the clinicians to populate the client-level tools.

## 5.4 Additional retention and adherence interventions

### Care for HIV-infected children and adolescents

The project supported dedicated pediatric and adolescent clinic days and psychosocial support groups (PSSGs) for children, adolescents, and their caregivers. The project also provided support for and scaled up the Operation Triple Zero intervention, which focuses on adolescents and youth between 10 and 24 years old and emphasizes the commitment to zero missed appointments, zero missed drugs, and zero (undetectable) viral load (VL). The project further supported pediatric and adolescent adherence to treatment through a peer-to-peer buddy support system, adolescent literacy sessions on HIV self-management, a case-management approach for clients with adherence issues that included directly witnessed ART intake, and harmonization of appointments with school calendars to minimize missed appointments. The project worked with the orphans and vulnerable children (OVC) partner Catholic Relief Services/Making Well-informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children (MWENDO) toward optimal enrollment of eligible pediatric clients and adolescents up to 17 years old in the OVC program.

### Key results

Twenty-one sites reported that they implemented Operation Triple Zero in FY21 Q3. Of the adolescents currently on ART, 22% were actively enrolled in Operation Triple Zero and active on ART. The viral load suppression (VLS) rate dropped to a low of 61% in Q3 compared to 86% in Q2.

**Table 36. Overall performance of 42 sites in OTZ (FY21 Q1–Q3).**

Indicator	FY21 Q1	FY21 Q2	FY21 Q3
Reporting sites	28	28	21
Currently on ART	3,103	3,116	3,015
Active in OTZ	880	785	651
% active in OTZ	28%	25%	22%
On OTZ with VL	359	233	199

Suppressed	313	201	101
VLS rate	87%	86%	62%

*Abbreviations:* ART, antiretroviral therapy; FY, fiscal year; OTZ, Operation Triple Zero; Q, quarter; VL, viral load; VLS, viral load suppression.

Table 37 presents the cascade for children/adolescents living with HIV (CALHIV)/OVC enrolled in the MWENDO/OVC program and their viral suppression, by county.

**Table 37. CALHIV enrolled/virally suppressed in MWENDO/OVC program (FY21 Q3).**

County	CALHIV Active on ART	Enrolled in MWENDO/OVC	Virally Suppressed	% Enrolled in MWENDO/OVC	% of Enrolled Virally Suppressed
Kisumu	759	606	534	80%	88%
Nyamira	1,368	928	756	68%	81%
<b>Combined</b>	<b>759</b>	<b>606</b>	<b>534</b>	<b>80%</b>	<b>88%</b>

*Abbreviations:* ART, antiretroviral therapy; CALHIV, children/adolescents living with HIV; FY, fiscal year; MWENDO, Making Well-informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children; OVC, orphans and vulnerable children; Q, quarter.

## Discussion

In the reporting quarter, there was a drop in the project sites that reported on the OTZ sites—21 compared to 28 in the previous quarters. The VLS also dropped to a low of 62%. These drops may be attributed to Catholic Relief Services/MWENDO ceasing implementation while new partners were still being onboarded.

## Positive health, dignity, and prevention interventions

### Key strategies/interventions

The project supported HFs to strengthen PSSGs at both community and facility levels. The HCWs and peer educators use the PSSGs as vehicles to disseminate key positive health, dignity, and prevention messages, which aim to enhance members' adherence to appointments and ART and help them cope with chronic HIV infection. Limited funding, as well as the COVID-19 restrictions, led to reduced support for the attendees for their engagement with PSSGs.

### Key results

Table 38 shows PLHIV enrollment in treatment literacy classes for new clients as well as the men-only PSSGs during FY21 Q3, plus VLS per cohort.

**Table 38. PLHIV enrollment in PSSGs (FY21 Q3).**

Category	Description	No.	%
New clients	# new clients enrolled 7 months ago	839	
	# enrolled in treatment literacy classes	742	88%
	# active in treatment literacy classes as at the reporting period	721	97%
	# active with a viral load result	234	32%
	# active with a suppressed viral load result	89	38%

Men-only clinics	# PSSGs	19	
	# clients enrolled	136	
	# clients active	127	93%
	# suppressed	123	97%

Source: Facility records, including peer educator logs.

Abbreviations: FY, fiscal year; PLHIV, people living with HIV; PSSG, psychosocial support group; Q, quarter.

## Discussion

As shown in Table 38 above, 742 (88%) of the 839 new clients who had enrolled in treatment seven months ago enrolled in treatment literacy classes in Q3. Of these, 97% (721) were still active at the time of reporting. The VL uptake was below the expected optimal 80% (at 32%), and the VLS rate was 38%. This low performance cascade may be a result of some of the HFs not reporting. Better performance was witnessed among the men-only groups, which had a retention rate of 93% and VLS rate of 97%.

PSSGs are expected to increase retention and defaulter tracing, as well as facilitate the formation and running of community antiretroviral refill groups once the clients transition to the community PSSGs. They have been effective in adherence and disclosure counseling. They provide important psychosocial support, including mental health counseling, education, spiritual support, and a forum for PLHIV to express themselves freely and share experiences and challenges. A key to the success of PSSGs is that they are run by peers in collaboration with HCWs. The peer educators identify clients' needs per group and develop various educational topics for discussion during every support group meeting.

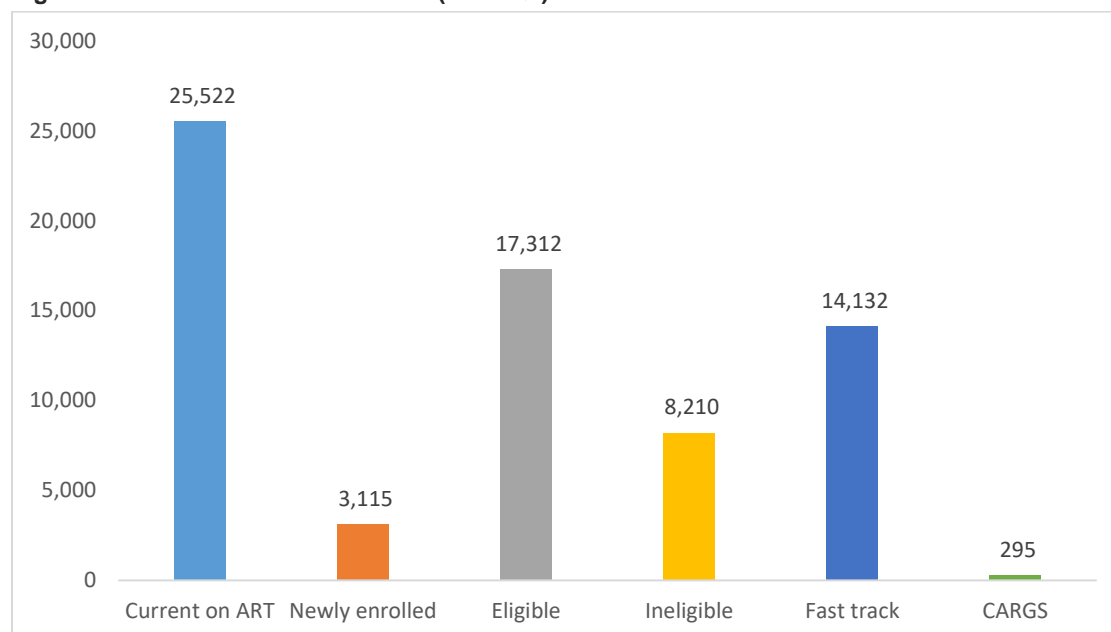
## **Differentiated models of care**

The project supported HFs to implement differentiated care for eligible clients on ART. In differentiated care models, clients are given longer intervals between clinic appointments, either through HF-based fast-tracking or through community antiretroviral refill groups. These interventions are intended to better meet client needs and decongest overburdened ART sites.

## Key results

By FY21 Q3, 72 project-supported HFs were implementing differentiated care. Figure 2 presents the differentiated care cascade at FY21 Q3.

**Figure 2. Differentiated care cascade (FY21 Q2).**



*Abbreviations:* ART, antiretroviral therapy; CARG, community antiretroviral refill group; FY, fiscal year; Q, quarter.

## Discussion

AZ's support for differentiated care models during the reporting period included mobilization of clients who were stable but not on differentiated care models to continue seizing the opportunity that was provided by the COVID-19 restrictions to enroll clients in differentiated care models. The project provided mentorship and supportive supervision in identifying these clients from the facility line lists, filling out the differentiated care register, and monitoring outcomes. There was a decrease of 359 clients enrolled to differentiated care models from 14,786 in FY21 Q2 to 14,427 in Q3. This represents an uptake of 82% among the stable clients and a coverage of 56% among the clients active on care. These are still below the project targets of 95% and 75% for uptake and coverage, respectively. The reduction in the uptake and coverage may be attributed to the low stocks of antiretroviral drugs (ARVs) that led to clinician reluctance to initiate direct service delivery.

## 5.5 Viral load testing and suppression

AZ continued to employ various strategies to improve VLS. These included using the clinical teams to follow up on clients with high VL by holding specific clinic days for unsuppressed clients, providing PSSG services, and encouraging HF and subcounty multidisciplinary teams to meet to discuss VLS strategy with them.

## Key results

For VL uptake, Table 39 presents the number of clients who had a valid VL test done within the past 12 months (May 2020 to June 2021) versus those eligible for the test (i.e., currently on ART) in December 2020. Table 40 presents the VLS trends for routine and targeted VL testing against the tests done over the four quarters from FY20 Q4 through FY21 Q3.

**Table 39. VL uptake/routine, targeted testing versus TX\_CURR, by county (FY21 Q3).**

County	Q3	TX_CURR FY21 Q1	Achievement
Kisumu	8,591	10,311	83%
Nyamira	14,049	15,674	90%
<b>Combined</b>	<b>22,640</b>	<b>25,985</b>	<b>87%</b>

Abbreviations: FY, fiscal year; Q, quarter; TX\_CURR, individuals currently enrolled in treatment; VL, viral load.

**Table 40. VLS/routine, targeted VL testing, by county (FY20 Q4 and FY21 Q1–Q2).**

County	FY20 Q4	FY21 Q1	FY21 Q2	FY21 Q3
Kisumu	93%	94%	95%	96%
Nyamira	92%	93%	94%	95%
<b>Combined</b>	<b>92%</b>	<b>94%</b>	<b>94%</b>	<b>95%</b>

Abbreviations: FY, fiscal year; Q, quarter; VL, viral load; VLS, viral load suppression.

Table 40 shows a progressive improvement in the project's overall VLS—from 92% in FY20 Q4 to the current FY21 Q3 performance of 95%.

Table 41 presents suppression results by age group over four quarters from FY20 to FY21. A further breakdown of VLS by cadre is presented in Table 42.

**Table 41. VLS by age group for routine VL testing (FY20 Q4 and FY21 Q1–Q3).**

Age Group	FY20 Q4	FY21 Q1	FY21 Q2	FY21 Q3
<2 years	73%	72%	67%	76%
2–9 years	83%	87%	87%	88%
10–14 years	80%	88%	87%	87%
15–19 years	85%	89%	88%	89%
20–24 years	89%	92%	91%	92%
25+ years	94%	96%	95%	96%
<b>All ages</b>	<b>93%</b>	<b>95%</b>	<b>94%</b>	<b>95%</b>

Abbreviations: FY, fiscal year; Q, quarter; VL, viral load; VLS, viral load suppression.

**Table 42. VLS by cadre for routine VL testing (FY20 Q4 and FY21 Q1–Q2).**

Cadre	FY20 Q4	FY21 Q1	FY21 Q2	FY21 Q3
<b>All VL tests</b>	<b>93%</b>	<b>94%</b>	<b>94%</b>	<b>95%</b>
Routine	94%	95%	95%	96%
Targeted	75%	81%	82%	83%
Male	92%	94%	94%	95%
Female	93%	94%	94%	95%
Pediatric	81%	88%	86%	87%

Adolescent	88%	85%	93%	90%
OTZ	83%	89%	90%	86%
PMTCT	92%	92%	92%	93%

*Abbreviations:* FY, fiscal year; OTZ, Operation Triple Zone; PMTCT, prevention of mother-to-child transmission of HIV; Q, quarter; VL viral load; VLS, viral load suppression.

At FY21 Q3, a total of 22,640 clients had a VL test done over the previous 12-month period, against the expected proxy target of 25,985 for the period. This translates to a coverage of 83%, a drop from the 90% reported in Q1. There was an overall suppression rate of 95% among clients who had a VL test. The routine VLS remained at 95% in FY21 Q3; that for the targeted cadre was at 83% in FY21 Q2, an improvement from the 81% in FY21 Q1.

## Discussion

The VL uptake for the reporting period was 22,640 against a targeted 25,985. This represents 87% coverage. The continued low performance in VL uptake in FY21 Q3 was occasioned by the prevailing shortage of reagents and kits for VL processing in the Kenya Medical Research Institute lab in Kisumu, coupled with repurposing of some of the staff to COVID-19 specimen processing.

Viral suppression continues to improve over the quarters as a result of initiatives such as monthly multidisciplinary teams who discuss failing clients and adherence counselors who provide one-on-one sessions with clients and can identify barriers to adherence to treatment. The project undertook a cascaded sensitization on Jua Mtoto Wako, which aims to improve suppression among pediatric and adolescent clients. Results of this will be reported in the coming quarters.

## 6. Laboratory support

In FY21 Q3, the project supported several activities to ensure there would be continuous quality improvement processes for the laboratory quality management system. The project supported quarterly commodity technical working group meetings in both counties, as well as other related meetings, such as laboratory clinical interface, external quality assessment, and GeneXpert® utilization meetings. (GeneXpert is a registered trademark of Cepheid.) The project enabled an effective and robust sample networking system to serve the project's 121 ART/EID sites.

### 6.1 Key results

#### Laboratory testing and reporting

The transition from dried blood spot to blood plasma for VL testing remained at 100% coverage, with 121 networked facilities transitioned to blood plasma for VL testing. Remote log-in for the 121 facilities was maintained at 100%. The commodity reporting rate in both the KHIS and Health Commodities Management Platform for the eight project-supported subcounties was above 97%. The commodity technical working group meetings helped to mitigate low stock levels, overstocking, and stockouts of laboratory-related commodities.

#### Laboratory monitoring

In FY21 Q3, AZ continued to support 121 HFs with ART and TB/HIV targets. The project has an annual target for TX\_PVLS (VLS among clients on treatment) routine of 29,743 current clients who are on ART (and who require access to VL and other testing, as per the national guidelines). The national system

requires that HF VL samples be sent for remote log-in at a hub lab (typically located in an HF) before being sent on to a testing lab. The hub lab sends the VL samples to their identified central testing labs, which include the Kenya Medical Research Institute/Centers for Disease Control and Prevention in Kisian and the Walter Reed Project in Kericho. AZ provided support to seven hub labs for the project's eight supported subcounties.

## 6.2 Discussion

In FY21 Q3, four sites in Nyamira County continued to offer GeneXpert testing, with all the sites (Nyamira County Referral Hospital, Ekerenyo Sub County Hospital, Masaba Sub County Hospital, and Manga Sub County Hospital) working continuously online. During the reporting period, these four GeneXpert sites achieved 95% (2,525/2,671) system utilization (processing of samples online). Additionally, during the same period, GeneXpert utilization reached 70% (2,671/3,840) against the 80% target set by the national TB program. The low utilization was mainly due to a shortage in GeneXpert cartridges during the quarter and the impact of COVID-19, which resulted in less workload in the HFs. Of the samples tested, 139 were positive for *Mycobacterium tuberculosis*, resulting in a positivity rate of 5.2% (139/2,671). Fifteen of the 139 MTB positive tests were rifampicin resistant.

In FY21 Q3, VL samples processed at the testing labs in the Walter Reed Project in Kericho for Nyamira and the Kenya Medical Research Institute/Centers for Disease Control and Prevention for Kisumu continued to drop significantly compared to previous quarters due to shortage of reagents and plasma preparation tubes for sample collection. In Nyamira County, tested VL samples in the quarter were 2,263 compared to 2,821 and 4,359 tested in Q2 and Q1, respectively. Turnaround time for VL samples increased to 58 days in FY21 Q3 compared to 12 days and 13 days in Q2 and Q1, respectively. In Kisumu, 1,397 VL samples were tested during the quarter, compared to 1,619 and 3,750 in Q2 and Q1, respectively. Turnaround time for VL samples increased to 79 days in Kisumu County in FY21 Q3 compared to 18 days and 20 days in Q2 and Q1, respectively.

During the reporting period, EID samples processed at testing labs slightly increased compared to Q2, although they decreased compared to Q1 performance. In Nyamira County, 273 EID samples were tested in FY21 Q3 compared to 186 and 336 in Q2 and Q1, respectively. In Kisumu County, 285 samples were tested compared to 282 and 372 in Q2 and Q1, respectively. Turnaround time increased to 32 days in Nyamira County, from 20 days and 17 days in Q2 and Q1, respectively. Turnaround time for EID did not increase significantly in Kisumu compared to other quarters, at 15 days in FY21 Q3 compared to 13 days and 11 days in Q2 and Q1, respectively. The drop in the number of patients with EID and VL tests during the reporting period was mainly due to shortage of dried blood spot filter papers at both the Kisian and Walter Reed Project testing labs.

AZ continued to support sample networking of EID and VL samples from satellite sites to central facilities via remote log-in before the samples' transportation to testing labs in Kericho and Kisumu. The project also continued to support airtime bundles for the hubs to enable remote log-in of samples. The project provided airtime for subcounty medical laboratory coordinators to support reporting of lab commodities in the KHIS and Health Commodities Management Platform. The project continued to support printing of patient results by providing funding for printing paper and toner cartridges in all seven sub-hubs.

## 7. TB/HIV

In FY21 Q3, AZ implemented TB/HIV services in all 26 project-supported HFs with TB/HIV targets. AZ focused on various capacity-building and direct service delivery initiatives—including secondment and

sensitization of HCWs, mentorship, HF CME, joint supportive supervision, and performance review meetings—to improve testing of TB patients for HIV.

## 7.1 TB/HIV coinfection services

The project team collected TB data from the facilities' TB4 registers using an age-disaggregating tool. The team uploaded data into the project's data management system, the Program Reporting Information System Management (PRISM).

### Key results

Results on key TB/HIV performance indicators for FY21 from Q1 to Q3 are shown in Table 43. Table 44 summarizes performance on the TB cascade, by county.

**Table 43. Key TB/HIV performance indicators (FY21 Q1 - Q3).**

TB/HIV Performance Indicators	SAPR	Q3	Total	Annual Targets	Achievement
Number of TB patients registered	433	208	641	1,265	51%
Number who knew their HIV status	433	206	639	1,247	51%
Proportion who knew their HIV status	100%	99%	100%	100%	100%
Number of HIV-infected TB patients	152	70	222		
Proportion of TB/HIV coinfection	35%	34%	35%		
Number of known HIV positive at TB diagnosis	134	68	202		
Number of TB patients who were counseled and tested for HIV and received their results	299	206	505		
Number newly tested positive	18	2	20		
Number of HIV-infected TB patients on ARVs	150	66	216	465	46%
Proportion of HIV-infected TB patients on ARVs	99%	94%	97%	100%	97%

Source: Program Reporting Information System Management (PRISM).

Abbreviations: ARV, antiretroviral drugs; FY, fiscal year; Q, quarter; SAPR, semiannual progress report; TB, tuberculosis.

**Table 44. TB cascade, by county (FY21 Q3).**

County	TB Registered Patients	TB Patient With Known HIV Status		TB/HIV Coinfection	TB/HIV on ART	
		Q1–Q3	Target	Q1–Q3	Q1–Q3	Target
Kisumu	159	159	338	68	67	83
Nyamira	482	480	927	155	144	382
<b>Combined</b>	<b>641</b>	<b>639</b>	<b>1265</b>	<b>223</b>	<b>211</b>	<b>465</b>

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; Q, quarters; TB, tuberculosis.

### Discussion

The project recorded below than expected performance in the indicators of registered cases, patients with known HIV status, and patients with TB/HIV coinfection on ARVs at 51%, 51%, and 46%, respectively, against the annual targets for the Q1 to Q3 performance. This suboptimal performance was largely

caused by the closure of facilities in Q1 due to an HCW strike. The performance improved in Q2, when client flow in the HFs improved.

## 7.2 TB screening

In accordance with the MOH algorithm, all clients who are active on ART should be screened for TB at each visit. Use of GeneXpert for assessing suspected cases is prioritized, with those turning positive initiated on treatment. The individuals who screen negative for TB are initiated on a six-month TB-preventive therapy.

### Key results

Key results in Q3 included the following:

- Of the 26,275 clients currently on ART, 23,817 were screened for TB, representing a 91.0% screening rate (as highlighted in Table 45).
- Both Kisumu and Nyamira counties had a <95% screening rate. All TB data were reviewed during the data-review meetings before submission for uploading to the KHIS.
- None of the clients among those on ART screened positive for TB.

Table 45 summarizes results for TB screening.

**Table 45. TB screening, by county (FY21 Q3).**

County	TX_CURR	Total TB Screening	Percentage
Kisumu	10,503	9,710	92.0%
Nyamira	15,772	14,107	89.0%
<b>Combined</b>	<b>26,275</b>	<b>23,817</b>	<b>91.0%</b>

Source: Kenya Health Information Software (KHIS).

Abbreviations: FY, fiscal year; Q, quarter; TB, tuberculosis; TX\_CURR, individuals currently enrolled in treatment.

## 7.3 Provision of isoniazid preventive therapy for TB

The TB-preventive therapy regimen in use across project sites is 6RH, in which clients are started on a six-month regimen of two TB medications. AZ supported provision of isoniazid preventive therapy (IPT) in both project-supported counties, with focus on initiating asymptomatic clients on IPT and providing the county and subcounty TB coordinators a clear analysis of the IPT outcomes of those initiated six months earlier. To ensure the sustainability and improvement of IPT documentation and completion, the project built the capacity of and mentored HCWs and pharmacists on accurate documentation in IPT registers, as well as timely ordering of IPT tablets and other commodities. The project conducted file reviews to establish the IPT status among the comprehensive care center clients.

### Key results

During FY21 Q2, 94% (278 of 297) of clients who had started IPT six months prior completed TB prophylaxis treatment. For the Q1-Q3 period, this translates to a completion rate of 91% (1,178/1,293). Against the annual targets, the performance on those starting and completing IPT stood at 52% and 46%, respectively. The remaining had been discontinued, transferred out, or been lost to follow-up, as detailed in Table 46 below.

**Table 46. Number of clients on IPT for TB, by indicator (FY21 Q3).**

Indicator	Q1	Q3	Total	Annual Target	Achievement
Started IPT 6 months ago	996	297	1,293	2,502	52%
Completed treatment	900	278	1,178	2,584	46%
Died	1	1	2		
Transferred out	6	3	9		
Discontinued treatment	58	11	69		
Lost to follow-up	3	4	7		

*Abbreviations:* FY, fiscal year; IPT, isoniazid preventive therapy; Q, quarter; SAPR, semiannual progress report; TB, tuberculosis.

## Discussion

The performance in the FY21 Q1-Q3 period for completion of IPT against those initiated was 91% of the 1,293 initiated. None of the clients who were started on IPT in the period developed TB. The project continued to work with the county and subcounty TB and HIV coordinators to ensure that accurate data were uploaded into KHIS through joint supervisions and review meetings from facility to county level.

## 8. Elimination of mother-to-child transmission of HIV

### 8.1 Prevention of mother-to-child transmission of HIV

AZ supports 121 HFs with PEPFAR targets for prevention of mother-to-child transmission of HIV (PMTCT). In FY21 Q3, the project supported a total of 29 facility-based mentor mothers, covering 26 supported PMTCT sites. AZ did not provide support to the community-based mentor mothers; the project instead leveraged support from other community programs for these mentor mothers. AZ also continued assisting adherence-support counselors, whose services were rendered to new ART clients and those with high VL. AZ continued the integration of family planning services within the comprehensive care centers, including strengthening use of the pregnancy-intention screening tool.

### Key results

In the FY21 Q1 to Q3 period, 99% (16,200 of 16,396) of women who attended their first ANC visit knew their HIV status (PMTCT\_STAT), reaching 95% of the annual target of 17,080. Table 47 presents total uptake of PMTCT services by PMTCT\_STAT and by county, which encompasses all known and newly tested HIV-positive pregnant women.

**Table 47. PMTCT uptake, by county (FY21 Q1–Q3).**

County	First ANC	PMTCT_STAT	Known Status %	COP Target	Achievement Against Target
Kisumu	5,117	5,056	99%	4,801	105%
Nyamira	11,279	11,144	99%	12,279	91%
<b>Combined</b>	<b>16,396</b>	<b>16,200</b>	<b>99%</b>	<b>17,080</b>	<b>95%</b>

*Source:* Ministry of Health (MOH) 711/MOH 731 reports.

*Abbreviations:* ANC, antenatal care; COP, country operational plan; FY, fiscal year; PMTCT, prevention of mother-to-child transmission of HIV; PMTCT\_STAT, pregnant women with known HIV status at the first antenatal care visit; Q, quarter.

Table 48 presents total summary achievements for PMTCT\_STAT, by county.

**Table 48. PMTCT\_STAT summary achievements (ANC1), by county (FY21 Q1–Q3).**

County	PMTCT_STAT	Total Positives		New Positives		Known Positives	
		No.	Percent	No.	Percent	No.	Percent
Kisumu	5,056	456	9%	75	16%	381	84%
Nyamira	11,144	294	3%	54	18%	240	82%
<b>Combined</b>	<b>16,200</b>	<b>750</b>	<b>5%</b>	<b>129</b>	<b>17%</b>	<b>621</b>	<b>83%</b>

Source: Ministry of Health (MOH) 711/MOH 731 reports.

Abbreviations: ANC1, first antenatal care visit; FY, fiscal year; No., number; PMTCT\_STAT, pregnant women with known HIV status at the first antenatal care visit; Q, quarter.

Of the 16,200 women with known HIV status at their first ANC visit, 3.8% (621) were known positives at entry and only 0.8% (129) were newly diagnosed HIV positive (Table 48). The higher rate of known positives at ANC entry can be attributed to the women's confidence that the PMTCT program enables them to have an HIV-negative child as well as improved quality of life with good VLS. Table 49 summarizes the number of HIV-positive pregnant women on ART, by county.

**Table 49. PMTCT\_ART summary achievements, by county (FY21 Q1–Q3).**

County	Positives	On ART	Percent	Annual Target	Achievement
Kisumu	456	453	99%	720	63%
Nyamira	294	293	100%	497	59%
<b>Combined</b>	<b>750</b>	<b>746</b>	<b>99.5%</b>	<b>1,217</b>	<b>61%</b>

Source: Ministry of Health (MOH) 711/MOH 731 reports.

Abbreviations: ART, antiretroviral therapy; FY, fiscal year; PMTCT\_ART, HIV-positive pregnant women on ART; Q, quarter.

Nearly all (99.8%) of the women at first ANC contact knew their HIV status. The project reached 40% of its annual target of 1,217 pregnant women starting maternal ART, an improvement from the 18% as at Q1.

### PMTCT cohort analysis (VLS)

The project conducted PMTCT cohort analysis to track VLS in all PMTCT-supported sites in FY21 Q3 (Table 50).

**Table 50. Average VLS among PMTCT clients (FY21 Q3).**

Category	Pregnant				Breastfeeding			
	<15 years old	15–19 years old	>20 years old	Total	<15 years old	15–19 years old	>20 years old	Total
Number of samples taken	1	14	336	351	4	44	1,147	1,195
Number suppressed	1	11	312	324	3	39	1,090	1,132
% suppression	100%	79%	93%	92%	75%	89%	95%	95%

Source: National AIDS & STIs Control Programme/early infant diagnosis website.

Abbreviations: FY, fiscal year; PMTCT, prevention of mother-to-child transmission of HIV; Q, quarter; VLS, viral load suppression.

The overall average VLS was 92% among pregnant mothers and 95% among breastfeeding mothers; this was higher than the achievement in FY21 Q2 for both cohorts (93%). In FY21 Q3, all pregnant women under 15 years of age had VLS; breastfeeding mothers in the same age group, pregnant women between 15 and 19 years of age, and breastfeeding women between 15 and 19 years of age had low VLS rates at

<90%. Multidisciplinary teams were put in place to ensure that these women received enhanced adherence counseling and switched to the optimal regimen after achieving satisfactory adherence.

The project will continue to work with the facility staff, especially maternal and child health staff, to ensure timely VL sample collection is done by providing health education to the mothers on VL collection. Mothers with high VL will continue to be monitored closely with timely enhanced adherence counseling; those eligible will be switched to second-line ART.

### PMTCT cohort analysis (retention)

PMTCT cohort analysis was conducted in all PMTCT-supported sites to establish client retention at 3, 6, 12, and 24 months after enrollment (Table 51).

**Table 51. PMTCT cohort analysis (FY21 Q3).**

Cadre	3-Month Cohort			6-Month Cohort			12-Month Cohort			24-Month Cohort		
	K+	N+	Total	K+	N+	Total	K+	N+	Total	K+	N+	Total
Enrolled	94	56	150	72	53	125	86	81	167	96	104	200
Transferred In	9	3	12	11	0	11	16	0	16	27	0	27
Transferred Out	3	1	4	6	4	10	6	7	13	16	20	36
Net Cohort	<b>100</b>	<b>58</b>	158	<b>77</b>	<b>49</b>	126	<b>96</b>	<b>74</b>	170	<b>107</b>	<b>84</b>	191
Defaulted	3	1	4	1	0	1	0	0	0	0	0	0
LTFU	0	0	0	0	2	2	1	1	2	3	7	10
Dead	0	0	0	0	0	0	0	0	0	0	0	0
Stopped	0	0	0	0	0	0	0	0	0	0	0	0
Alive Active	<b>97</b>	<b>57</b>	154	<b>76</b>	<b>47</b>	123	<b>95</b>	<b>73</b>	168	<b>104</b>	<b>77</b>	181
% Retained	<b>97%</b>	<b>98%</b>	<b>97%</b>	<b>99%</b>	<b>96%</b>	<b>98%</b>	<b>99%</b>	<b>99%</b>	<b>99%</b>	<b>97%</b>	<b>92%</b>	<b>95%</b>

*Abbreviations:* FY, fiscal year; K+, known positive; LTFU, lost to follow-up; N+, new positive; PMTCT, prevention of mother-to-child transmission of HIV; Q, quarter.

As Table 51 presents, retention rates for the 3-, 6-, 12-, and 24-month cohorts were 97%, 98%, 99%, and 95%. These were comparable to the retention rates in FY21 Q1 and Q2. Known positives continued to have better retention rates across all cohorts (>97%), except the 24-month cohort rate of 95%. The lowest retention performance was among the new positives in the 24-month cohort, which was at 92%.

### Discussion

Retention among the known-positive clients in the 3-, 6-, 12-, and 24-month cohorts continued to be near optimal at >96%. The new positives tended to have better retention in the early cohort; this declined drastically to a low of 92% at 24 months. The enrollment of mother-baby pairs in OVC to curtail the losses continues to be a priority for the project.

## 8.2 Early infant diagnosis

### Testing of HIV-exposed infants

#### Key results

Table 52 shows, overall and by county, the number of EID tests for HIV-exposed infants between 0 and 12 months old. In the FY21 Q3 period, 193 children were tested against an annual target of 1,186, achieving a 57% for the year against the 75% expected mark. A breakdown of when HIV-exposed infants were tested, by county, is shown in Table 53.

**Table 52. Overall EID tests of HEIs between 0 and 12 months old (FY21 Q3).**

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	278	112	390	697	56%
Nyamira	210	81	291	489	60%
<b>Combined</b>	<b>488</b>	<b>193</b>	<b>681</b>	<b>1,186</b>	<b>57%</b>

*Abbreviations:* EID, early infant diagnosis; FY, fiscal year; HEI, HIV-exposed infant; Q, quarter; SAPR, semiannual progress report.

Table 53 presents EID testing for infants under 2 months old and from 2 to 12 months old.

**Table 53. EID test performance, by age bands of the infants periods (FY21 Q1–Q3).**

County	Total		Target		Achievement 0–2 Months
	0–2 Months	2–12 Months	0–2 Months	2–12 Months	
	Total	Total	Total	Total	
Kisumu	283	107	660	37	43%
Nyamira	224	61	464	25	48%
<b>Combined</b>	<b>507</b>	<b>168</b>	<b>1,124</b>	<b>62</b>	<b>45%</b>

Note: The EID point-of-care machines were transitioned from the Elizabeth Glaser Pediatric AIDS Foundation to the National AIDS & STIs Control Programme. The point-of-care labs have not been operational since November 2019, which prompted facilities to revert to the use of dried blood spot in the central testing labs in the Kenya Medical Research Institute/Kisumu and Walter Reed Project/Kericho.

*Abbreviations:* EID, early infant diagnosis; FY, fiscal year; Q, quarter.

### Discussion

In the FY21 Q3 reporting period, a total of 193 virology HIV test samples were analyzed by polymerase chain reaction (PCR) for HIV-exposed infants aged 12 months or younger. This was a huge drop from the FY21 Q1 performance of 277 tests analyzed and Q2 performance of 211. The project achieved 56% (681/1,186) of the COP20 target against the expected 75%. County performance in Kisumu (56%) and Nyamira (60%) was below the expected 75% as at the FY21 Q3 period. This low performance was the result of persistent stockouts of EID commodities for infants who were eligible for a PCR test at around 6 weeks of age but did not receive the test. Other factors included low PMTCT\_POS (newly and known positive at ANC), low identification of HIV-positive women across the cascade from first ANC, and an HCW strike in January. The facilities have developed a line listing of all infants who missed initial and repeat PCR and will follow up to ensure they get a PCR test when commodities are availed. Against a target of 1,124 infants aged 0 to 2 months for EID, the project achieved 45% (507).

## EID cascade and linkage of positive infants

### Key results (EID cascade)

Project results for the EID cascade (for initial tests of infants between 0 and 12 months old) for the FY21 SAPR period are shown in Table 54.

**Table 54. Early infant diagnosis cascade—initial tests only (FY21 Q3).**

Category	Annual Target	SAPR		Q3		Total	
		No.	Percent	No.	Percent	No.	Percent
Number of HIV-positive women (includes post-ANC)		507		265		772	
Number of initial PCR at 0–12 months old	1,186	488	41%	193	16%	681	57%
Number of confirmed PCR POS at 0–12 months old		7		5		12	
Number of PCR tested at 0–2 months old	1,124	408	36%	99	9%	507	45%
Percentage of PCR tested at 0–2 months old, against POS mothers		80%		51%		74%	
Number of confirmed PCR POS at 0–2 months		3		1		4	
Number of HEI PCR POS linked to treatment		7	100%	1		8	100%
Number of linked PCR POS with baseline VL		7	100%	1		8	100%
Number of HEI PCR POS who died before treatment		0				0	
Number LTFU		0				0	

Source: National AIDS & STIs Control Programme/early infant diagnosis website.

Abbreviations: ANC, antenatal care; FY, fiscal year; HEI, HIV-exposed infant; LTFU, lost to follow-up; No., number; PCR, polymerase chain reaction; POS, positive; Q, quarter; SAPR, semiannual progress report; VL, viral load.

The project achieved 57% against the expected 75% FY21 annual EID target for initial samples from infants 0 to 12 months old. This is attributable to the low performance in Kisumu County, which continues to experience low identification across the cascade.

Using the annual target as the denominator for PCR testing of infants 0 to 2 months old, AZ recorded 507 PCRs at initial testing in the FY21 Q1 to Q3 period (45% performance); against the PMTCT\_STAT\_POS (pregnant women with known or new HIV-positive status at their first antenatal care visit) of 772 the coverage was at 66%. The challenge of inadequate supply of dried blood spot filter paper persisted through Q3, resulting in mothers being asked to return later when facilities had dried blood spot commodities in stock and in delayed PCR collection.

A facility-level follow-up highlighted other reasons for delayed PCR testing of infants: mothers who came late for follow-up; missed opportunities for sample collection due to several issues, such as staff not being present on duty; staff reluctance to remove samples due to some health providers, especially nurse providers, who viewed this activity as not part of their duties; low quality of sample collection due to a skills gap, which resulted in rejected samples, especially among staff in high-volume facilities with frequent staff rotations; and clients who had to travel from different locations and came late (i.e., after eight weeks) for sample collection (including defaulters who were traced back after eight weeks).

Of the children identified in the FY21 Q3 period, 100% were started on treatment.

## HEI positivity and HEI mortality audit

The project conducted an audit of the five infants who were identified as HIV positive at initial testing at 0 to 12 months in Q3 to better understand the possible causes of transmission and find solutions to prevent such causes, where possible. Table 55 summarizes findings from the positivity audit.

**Table 55. Outcome of HEI positivity audits (FY21 Q3).**

Infant PCR Audit Report				Maternal Details		
General Findings				General Findings		
Total positive PCR	5			Total mothers audited	5	
Total PCR positive audited	5	100%		Attended ANC	5	100%
PCR tested <2 months	1	20%		Mother's age group		
PCR tested 2–12 months	4	80%		10–19 years	0	
HEI received infant prophylaxis	5	100%		20–24 years	1	
Baseline VL	2	40%		25 years and older	4	
Exclusive breastfeeding by 6 months	3	80%		Known positives at ANC entry	2	
Outcomes				Newly diagnosed	3	
Enrolled on treatment	4	80%		Partner tested	2	
Dead	0	0%		Maternal prophylaxis received at ANC	4	80%
Lost to follow-up and unlinked	1	20%		Good adherence	1	20%
Transferred out	0			Hospital delivery	5	100%
				Disclosure done	3	80%
				Mothers with high VL at ANC	1	20%

*Abbreviations:* ANC, antenatal care; FY, fiscal year; HEI, HIV-exposed infant; PCR, polymerase chain reaction; Q, quarter; VL, viral load.

The audits revealed different reasons for mother-to-child transmission of HIV. During this reporting quarter, key reasons included late identification (80% of infant PCR tests were done after they reached 2 months of age). There was good uptake of ANC services among mothers (100%), but adherence to treatment was an issue, with 20% reporting good adherence. Most (80%) of the mothers were aged 25 years or older; only 25% of their partners had been tested for HIV. All women eventually disclosed their HIV-positive status to partners. The project is following up with the clients' unreached sexual partners through PNS.

Lay HCWs, peer educators, and mentor mothers ensured that none of the mothers' infant children missed ART/ ARV prophylaxis. These lay workers guided the mothers through counseling and follow-up to ensure adherence to PMTCT guidelines on timely ART/ARV prophylaxis.

The project worked with other implementing partners to improve the care given to mothers from delivery through the postnatal period. The project conducted sensitization activities at HF and community levels on the importance of hospital delivery and exit interviews to improve service delivery; the aim was to increase uptake of skilled delivery. PCR testing at 2 months old or older was attributed to mothers who presented late at postnatal care, maternal appointment adherence challenges, and/or incidences of defaulting on treatment at ANC. The project will work with mentor mothers and peer educators, together with community health volunteers, to use the expected date of delivery/EID PCR log to ensure mothers are reminded of the PCR sample-collection period for timely EID.

### HEI cohort analysis (12- and 24-month cohort review)

During the reporting period, the project reviewed mother-to-child transmission of HIV results across the 12- and 24-month cohorts. The primary goal was to establish rates of mother-to-child transmission of HIV and the percentage of infants who were retained/active in follow-up. The HEI cohort analysis outcome data for the cohort of infants on follow-up at 12 months are presented in Table 56. HEI cohort analysis outcome data for the 18-month cohort reviewed at 24 months are shown in Table 57.

**Table 56. HEI analysis of 12-month cohort (FY21 Q3).**

HEI Outcome Analysis of 12-Month Cohort (at 12 Months)	Absolute Numbers	% Outcomes
<b>Total number enrolled into the cohort</b>	<b>265</b>	
Active in follow-up	243	92%
Died between 0 and 12 months old	0	0%
Missing 12-month follow-up	4	2%
Identified as positive between 0 and 12 months	6	2%
Transferred out between 0 and 12 months	12	5%

*Abbreviations:* FY, fiscal year; HEI, HIV-exposed infant; Q, quarter.

**Table 57. HEI analysis of 18-month cohort at 24 months (FY21 Q3).**

HEI Outcome Analysis of 18-Month Cohort (at 24 Months)	Absolute Numbers	% Outcomes
<b>Total number enrolled into the cohort</b>	<b>278</b>	
Active in follow-up	264	95%
Active with antibody test at 18 months	274	99%
Antibody negative at 18 months	211	77%
Active at 18 months but no antibody test done	4	1%
Identified as positive between 0 and 18 months	6	2%
Transferred out between 0 and 18 months	43	16%
Lost to follow-up between 0 and 18 months	11	4%
Died between 0 and 18 months	3	1%

*Abbreviations:* FY, fiscal year; HEI, HIV-exposed infant; Q, quarter.

Overall, the retention rate was 92% for the 12-month cohort and 95% for the 18-month cohort. Retention at 12 months improved during the reporting quarter compared to the previous quarters. The rate of mother-to-child transmission of HIV for the 12-month cohort was 2.0%, which was slightly lower compared to the 2.7% reported in FY21 Q2. The transmission rate in the 24-month cohort (with testing between 0 and 18 months old) was 1.5%, an increase compared to 0.8% in FY21 Q1. The project recorded 1.1% of infants missing at the 12-month follow-up and 1.4% missing at the 24-month follow-up.

## Discussion (EID cascade)

The EID data are collected at the HF level and uploaded into KHIS. HF staff use the data to make decisions (e.g., regarding early defaulter tracing and mortality audits) to determine causes of death and how these can be averted to prevent future deaths.

## 9. Screening and treatment of cancer of the cervix

The project provided direct service delivery support to 121 ART sites through site-level capacity-building, with focus on on-site and off-site mentorship, supportive supervision, CME, and on-the-job trainings to promote uptake of cervical cancer screening among HIV-positive women aged 15 years and older who are on ART. The primary data sources for this indicator and disaggregation are cervical cancer screening and family planning registers, which are in use at cervical cancer screening service delivery points at PEPFAR-supported ART sites. AZ-supported facilities mainly use a visual inspection–based test-and-treat strategy with acetic acid/Lugol's iodine.

AZ provided the following support for cervical cancer screening in FY21:

- Procurement of buffer stock of acetic acid/Lugol's iodine.
- On-the-job training/on-site sensitizations on cervical cancer screening and treatment.
- Referrals of women with suspected lesions for treatment.
- Demand creation at the facility level.

Table 58 below shows project achievement in integration of cervical cancer screening and treatment from Q1 to Q3 in FY21.

**Table 58. Cervical cancer screening and treatment (FY21 Q1–Q3).**

County	SAPR	Q3	Total	Annual Target	Achievement
Kisumu	1,938	1,674	3,612	3,480	104%
Nyamira	3,301	848	4,149	3,484	119%
<b>Total</b>	<b>5,239</b>	<b>2,522</b>	<b>7,761</b>	<b>6,964</b>	<b>111%</b>
			Suspected cases	Referred cases	Treated cases
			8	8	3
			2	2	1

*Abbreviations:* FY, fiscal year; Q, quarter, SAPR, semiannual progress report.

## 10. Commodity security

The project supports 13 ARV-ordering sites (10 central and 3 stand-alone) linked to 121 HFs to improve supply chain logistics and commodity management. In FY21 Q3, the project continued with ART optimization for CALHIV, in alignment with NASCOP guidelines. AZ ensured that infants and children who weighed less than 20 kg were on a lopinavir/ritonavir (LPV/r)–based regimen and those above 20 kg were on a dolutegravir-based regimen. The project ensured availability of sufficient stock of the new, optimized ART formulations to support transition of all eligible clients to optimized ARVs. AZ also conducted mentorship and sensitization of the facility staff and subcounty pharmacists on the quantification and ordering process.

## **10.1 Key results**

### **CALHIV ART optimization**

As of FY21 Q3, the project supported 1,482 CALHIV (0 to 14 years old) on care, with 63% (930/1,482) of them on a dolutegravir-based regimen. Another 24% (361/1,482) of CALHIV were on an LPV/r-based regimen, with a majority of those on second-line treatment. Of the 361 CALHIV on an LPV/r-based regimen, 208 were on an LPV/r 40/10 mg pellets formulation, which mainly targets a younger cohort that is unable to swallow or tolerate the LPV/r liquid or tablet formulations. Additionally, 4% (54/1,482) of CALHIV were still on an efavirenz-based regimen; these were mainly CALHIV who weighed less than 20 kg and were not eligible for transition to a dolutegravir-based regimen. The project supported HFs to make timely orders for required ART formulations to ensure uninterrupted supply of optimized ARVs for CALHIV.

### **Progress in female ART optimization**

As of FY21 Q3, the project had a total of 16,857 females above 15 years old on ART, representing 64% (16,857/26,275) of the project's current ART cohort. With recent guidance from NASCOP to transition females above 15 years old to tenofovir/lamivudine/dolutegravir (TLD), there has been a steady increase in adult females shifting from tenofovir/lamivudine/efavirenz to TLD. At the end of FY21 Q3, the project had a total of 13,246 adult females on TLD, representing 79% (13,246/16,857) of females on ART in this age group.

### **Progress in multimonth dispensing**

In FY21 Q3, there was a drop in the number of clients using multimonth-dispensing services compared to the previous reporting period due to low stocks of ARVs. The project reported 65% (17,152/26,275) of PLHIV on multimonth dispensing compared 70% in the last reporting period, a drop of 5%. However, with ARV stocks expected to normalize in the coming quarter, the project is expected to continue the scale-up of multimonth dispensing to reduce frequency of client visits to HFs as a COVID-19 safety measure.

### **Commodity sites' reporting rates into the Kenya Health Information System**

In FY21 Q3, the project's reporting rate for submission of monthly ARV reports to the KHIS was above 98% for both counties.

### **Laboratory commodities**

The project attained 100% reporting rates for rapid test kits for each county, as reported in the Health Commodities Management Platform.

## **10.2 Discussion**

HFs maintained a high reporting rate (98%) in FY21 Q3 in both project-supported counties for both ARV and laboratory commodity reporting. The project continued to support county and subcounty pharmacists in FY21 Q3 with monthly airtime and bundles to ensure timely uploading of reports into the KHIS. AZ continued to provide financial and technical support for county-level quarterly ARV allocation meetings and rapid test kit allocation meetings to ensure accurate commodity ordering.

As the Kenya Medical Supplies Authority is conducting last-mile ARV delivery to individual sites, the project will work closely with all facilities to monitor their stock levels and support emergency ordering and redistribution when the stock of a particular commodity is running low.

### 10.3 Capacity-building initiatives in commodity management

The project supported capacity-building initiatives, such as mentorship, on-the-job training, and CME on commodity management; pharmacovigilance reporting; and use of the electronic ARV dispensing tool (Web ADT).

To promote high-quality reporting, the project continued to provide technical assistance and mentorship on good commodity management practices to subcounty pharmacists and medical laboratory coordinators. The project also provided supportive supervision on commodity management to rural HFs that have not reported well in the past. The project supported small-scale printing and photocopying of pharmacy tools (e.g., Daily Activity Register, Facility Consumption Data Report and Request, and Facility Monthly ARVs Patient Summary) to improve inventory management at HFs.

## 11. Health systems strengthening

### 11.1 Providing mentorship, monitoring, and advocacy capacity-building to subcounty and county health management teams through CME support

AZ used three approaches to provide CME to facility-based staff: (1) on-site short sessions based on the NASCOP CME guidelines, which were offered at a central site; (2) online CME sessions over Zoom on specialized topics, such as a refresher course on HTS; and (3) linking of AZ staff to weekly web-based Project ECHO (Extension for Community Healthcare Outcomes) platform and case-management sessions, which are hosted at Jaramogi Oginga Odinga Teaching and Referral Hospital by the ICAP project.

In FY21 Q3, 1,574 HCWs from the two counties participated in on-site CME sessions. All (100%) HCWs who were reached participated on-site at their respective HFs. Table 59 shows participation in CME by topic.

**Table 59. HF staff participation in CME, by topics covered (FY21 Q3).**

CME Topic	Method	Number of Participants From AZ-Supported Sites	Number of HFs
Orientation on EDD/EID PCR tracking tool	On site	33	1
PNS sensitization/overview	On site	85	9
DMOC overview and documentation	On site	34	5
The standards in VL documentation and verification	On site	29	5
Updates on pediatric ART optimization—NVP phaseout	On site (Project ECHO)	13	3
Treatment failure and IRIS	On site	26	3
Pediatric/adult ART optimization	On site	6	1
HTS screening tool sensitization	On site	24	2
Post-exposure prophylaxis	On site	33	1
HIV status disclosure	On site	38	6

Data for decision-making	On site	65	9
TB active case identification	On site	222	24
FP integration	On site	18	1
PrEP	On site	334	25
TB/HIV management	On site	343	24
PMTCT package of care	On site	43	2
Cervical cancer screening	On site	49	7
Appointment management	On site	38	8
GBV	On site	109	11
Immunization/FP	On site	10	1
Placenta collection from pregnant mothers during COVID-19	On site	22	2

*Abbreviations:* ART, antiretroviral therapy; AZ, Afya Ziwani; CME, continuing medical education; DMOC, differentiated model of care; Project ECHO, Extension for Community Healthcare Outcomes; EDD, expected date of delivery; EID, early infant diagnosis; FP, family planning; FY, fiscal year; GBV, gender-based violence; HF, health facility; HTS, HIV testing services; IRIS, immune response of the immune system; NVP, nevirapine; PCR, polymerase chain reaction; PMTCT, prevention of mother-to-child transmission of HIV; PNS, partner notification services; PrEP, pre-exposure prophylaxis; Q, quarter; TB, tuberculosis; VL, viral load.

## 11.2 Human resources for health support: Quantification of staffing for prioritization and planning

In FY21 Q3, AZ employed 410 service delivery staff, comprising 88 professional HCWs, 278 lay HCWs, 8 data clerks, and 36 sample transport bike riders across the two supported counties. Tables 60, 61, and 62 present breakdowns of staff by county and cadre.

**Table 60. Health care professionals contracted (FY21 Q3).**

County	Total	Professional HCW				
		RCO	RN	PT	MLT	HRIO
Kisumu	36	17	5	3	2	9
Nyamira	52	17	11	5	5	14
<b>Both</b>	<b>88</b>	<b>34</b>	<b>16</b>	<b>8</b>	<b>7</b>	<b>23</b>

*Abbreviations:* FY, fiscal year; HCW, health care worker; HRIO, health records information officer; MLT, medical laboratory technologist; PT, pharmacy technologist; Q, quarter; RCO, registered clinical officer; RN, registered nurse.

**Table 61. Health care lay workers contracted (FY21 Q3).**

County	Total	Lay HCW						
		HTS	ASC	MM	PE in CCC	FAL	GBV Screeners	CM
Kisumu	97	43	5	15	24	0	10	0
Nyamira	181	69	6	14	73	4	5	10
<b>Both</b>	<b>278</b>	<b>112</b>	<b>10</b>	<b>29</b>	<b>97</b>	<b>4</b>	<b>15</b>	<b>10</b>

*Abbreviations:* ASC, adherence-support counselor; CCC, comprehensive care center; CM, cough monitor; FAL, facility appointment lead; FY, fiscal year; GBV, gender-based violence; HCW, health care worker; HTS, HIV testing services; MM, mentor mother; PE, peer educator; Q, quarter.

**Table 62. Non-health care lay workers contracted (FY21 Q3).**

County	Lay Worker (Other)	
	Data Clerk	Sample Transport Riders
Kisumu	3	8
Nyamira	5	28
<b>Both</b>	<b>8</b>	<b>36</b>

Abbreviations: FY, fiscal year; Q, quarter.

## 12. Strategic monitoring and evaluation

### Key results

AZ provided supportive supervision and on-site mentorship in all 90 project-supported sites during the reporting quarter. The project mentored HCWs on proper documentation in registers and reporting tools, reaching 121 HCWs in Kisumu (31) and Nyamira (90). During supportive supervision, most human resources for health staff were mentored on ongoing documentation in registers and patient files and submission of weekly surge reports. However, there were challenges in a few sites where AZ depends on MOH staff because these staff were not committed to service delivery at the comprehensive care center and were not updating patients' files or registers; hence, getting the high-frequency reports became a challenge.

In Kisumu, the project conducted on-site mentorship in all 31 care and treatment sites. Five sites adopted in Q1 received additional on-the-job training on tools based on previous gaps to enhance reporting. Building on data alignment activities conducted in Q1 and Q2, the project carried out data cross-checks in 22 care and treatment sites and enhanced their use of electronic medical records (EMRs) in reporting. The project also participated in the county monitoring and evaluation technical working group where updates on reporting were shared with all partners.

The project also conducted data verification in 76 sites, with a focus on comparing HTS/PMTCT/TB and care and treatment data between the source register and Data for Accountability, Transparency and Impact Monitoring (DATIM). PRISM was corrected within the quarter to reflect the correct data before DATIM reporting.

AZ conducted five monthly data review meetings in Kisumu (two) and Nyamira (three), where data discrepancies were identified between the KHIS and PRISM. The project engaged subcounty health records information officers to ensure that all errors are corrected by the 15th of every month. This has improved concordance of reports from the two systems and reduced validation errors at the data-processing level.

AZ also collaborated with the MOH to conduct 22 data-quality assessments in Kisumu and 76 in Nyamira. The counties focused on determining the alignment of data with the recommended reporting guidelines. They also developed a subcounty level data verification and correction protocol. The counties collaborated with the county health management team and other partners in the development of a county-level electronic health records investment plan to align and optimize digital data use activities in the county.

### Electronic medical records

The primary EMR in use in AZ-supported sites is KenyaEMR, which is built on top of the OpenMRS platform. The system is built with Java programming language and runs on a Tomcat 6 web server and

an MySQL 5.6 database. The EMR is installed on servers running the Ubuntu 16.0.4 operating system. AZ provided and will continue to offer technical support, hardware maintenance, on-site mentorship, and supportive supervision to all EMR facilities.

The project continued its collaboration with mHealth Kenya to integrate KenyaEMR with mLab . mLab is a lab result transmission application that will send lab results of AZ patients directly to KenyaEMR. This is made possible by the interoperability layer, which facilitates communication between the various systems. The project continued to support 33 facilities with mLab—13 in Kisumu County and 20 in Nyamira County.

The collaboration with Palladium Group also continued, in which Palladium Group is responsible for the developing the EMR system and AZ is responsible for implementing and supporting EMR at facility level. As such, AZ upgraded the KenyaEMR in the 65 EMR sites to the latest version 17.3.4. The project also upgraded the Data Warehouse application programming interface to version 2.6.0, the latest and recommended version, which supports uploading of EMR data to the national data warehouse. The project achieved a 97% reporting rate into the national data warehouse. Additionally, the project's health informatics associate attended a training on AfyaStat, which was supported by Palladium

The project's EMR support ensured that all EMR sites were using all modules. However, there was still a challenge in the use of the PMTCT modules (antenatal care and/or maternity services, EID and/or under-5 clinic). The majority of HTS and care/treatment data in EMRs were concordant with paper records.

AZ continued to support 28 EMR sites in Kisumu (8) and Nyamira (20) installed with the interoperability layer with monthly bundles to automation of VL results from the NASCOP websites to KenyaEMR at facility level.

AZ conducted monthly EMR data quality assessments together with the county and subcounty health management teams in 65 supported EMR sites—39 in Nyamira County and 26 in Kisumu County. AZ built the capacity of county, subcounty, and facility health management teams in carrying out EMR data quality assessments at facility level to ensure high-quality data are captured in the EMRs, which are then uploaded into the national data warehouse.

The project ensured monthly uploads of all EMR data to the national data warehouse; overall reporting was at 92%. Table 63 below shows the distribution of EMRs at service delivery points.

**Table 63. Distribution of EMRs at service delivery points, by county (FY21 Q3).**

County	# Facilities With EMRs at the Following Service Delivery Points				
	HTS	CCC	ANC/Maternity	EID	TB/HIV
Kisumu	26	26	24	0	26
Nyamira	22	39	22	0	39
<b>Combined</b>	48	65	46	0	65

*Abbreviations:* ANC, antenatal care; CCC, comprehensive care center; EID, early infant diagnosis; EMR, electronic medical record; FY, fiscal year; HTS, HIV testing services; Q, quarter; TB, tuberculosis.

## Discussion

The project implemented various activities to ensure timely data collection and reporting. This included blocking the first week of each month for data collection and reporting from HFs. This has improved the response rates and timely submission to DATIM. The project conducted monitoring and evaluation activities and put in place tools to assist in monitoring, tracking, and reporting on missed appointments, defaulters, clients lost to follow-up, and deaths. AZ also involved health facilities to enable reporting of weekly surge

reports and review of progress to ensure that monthly summaries are consistent with the weekly aggregates.

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## Performance monitoring: Data tables

Please refer to the performance data tables in the attachment.

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## Constraints and opportunities

In Q3, AZ faced the constraint of continued short-term extensions after being notified of the project closure in April 2021. Thus, the project was not able to plan properly for Q3 activities with certainty. This uncertainty cascaded down to the HCWs in the HFs and resulted in low performance in the key indicators in identification and retention. The end result was an extension of the project to August 2021.

AZ was presented with the opportunity to hand over the AGYW/DREAMS work to AGYW/DREAMS and HIV service delivery incoming partners, including PATH Kenya's Nuru Ya Mtoto.

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## Progress on gender strategy

The project's gender strategy revolves around three key intervention areas: AGYW, adolescent boys and young men, and GBV.

### **Adolescent girls and young women and adolescent boys and young men**

Gender is a critical determinant of the HIV epidemic, with infection rates of adolescent girls between 15 and 24 years old significantly higher than those of their male counterparts. Also, social norms can condone violent, nonconsensual, and unprotected sex, which, combined with gender barriers, increase vulnerability, especially of women and girls. Vulnerability to GBV, especially for AGYW, is highlighted in the project's *Gender, Youth, and Social Inclusion Analysis*. While the analysis did not find significant barriers to service access, the project has found that services such as PrEP and HIVST require specific support to ensure they are accessible. The AZ project implements a comprehensive package of service interventions for AGYW and adolescent boys and young men, with an aim of achieving primary prevention of HIV.

### **Activities to prevent and respond to gender-based violence**

AZ implements post-GBV interventions at the facility and community levels in partnership with the MOH, county governments, and other stakeholders that provide services at the county level. The services aim to prevent and respond to GBV through case identification and a minimum package of clinical services, as well as referral for psychosocial care, legal counseling, and police services. At the community level, the project collaborates with the county and subcounty community focal persons, public health officers for health promotion, reproductive health coordinators, local community-based organizations (e.g., Daraja Mbili in Nyamira), and the county/subcounty gender departments to conduct education/awareness sessions through trained paralegals, HCWs, peer educators, and male champions of change. The project also provides community-level education to share information and create demand for facility-level post-violence care services.

The project integrates gender into VMMC mobilization sessions by promoting female partner involvement. Additionally, it integrates post-GBV services into the FF, DREAMS, and key population programs to ensure that screening for GBV cases happens among clients identified by government-registered beach management units, AGYW at safe spaces, and sex workers/other clients at the drop-in centers, as well as to ensure that GBV survivors are referred and linked to post-GBV clinical care and legal services. The project also continues to work with other partners and gender technical working groups to support nonclinical post-violence care services offered outside of HFs, such as legal aid, child protection, and family integration.

To achieve the annual target for support to survivors of violence, the project continued to support a post-GBV program assistant for Kisumu and Nyamira counties to spearhead the implementation of post-GBV service provision.

## Key results

In FY21 Q3, AZ supported 115 sites to offer high-quality and comprehensive post-GBV clinical services as part of HIV prevention and care and treatment services. Project-supported HFs provided post-GBV clinical services to 8,823 GBV survivors (264 from sexual violence and 8,559 from nonsexual physical violence). Table 64 presents overall project results for FY21 Q3.

**Table 64. Provision of post-GBV clinical services (FY21 Q3).**

GBV indicators		SAPR	Q3	Total	Annual targets	Achievement
Facilities supported to conduct GBV services	Number of facilities	115	115	115		
GBV survivors reached	Sexual violence	503	264	767	24,549	74%
	Nonsexual physical violence	8,836	8,559	17,395		
	<b>Total</b>	9,366	8,823	18,189		
	Number receiving PEP (disaggregate of sexual violence)	297	160	457	100%	60%
	Female	6,085	5,746	11,831		65%
	Male	3,281	3,077	6,358		35%

*Abbreviations:* FY, fiscal year; GBV, gender-based violence; PEP, post-exposure prophylaxis; Q, quarter, SAPR, semiannual progress report.

All 8,823 GBV survivors in FY21 Q3 received a minimum package of post-GBV services as defined by national guidelines. However, 104 survivors of sexual violence did not receive post-exposure prophylaxis due to ineligibility based on the national guidelines. AZ is following up on these 104 cases to ascertain whether this was an omission in the entry in the registers (as was observed in some facilities).

AZ experienced challenges with clients not returning for post-exposure prophylaxis refill appointments, so the project coached HCWs to strengthen the counseling they provide to clients and stress at the client's initial visit the importance of completing post-exposure prophylaxis. Some challenges experienced by clients were stigma and fear of legal action, especially when their cases were resolved at home. HCWs and lay counselors were able to provide first-line support to survivors as necessary, with referrals for complex cases using counties' established GBV stakeholders' networks.

## Discussion

In FY21 Q3, the project provided post-GBV services to 8,823 survivors, an almost equivalent to the 9,366 in SAPR (two quarters), which indicates that the Q3 performance doubled that of the previous quarters. The project's achievement to date against its annual target for this indicator is 74%, almost at the 75% threshold. This was made possible by the concerted efforts by the project team in engaging sub county GBV focal persons in identifying facilities that had lapses in performance and reporting through SSV.

Similar challenges and gaps were experienced in GBV programming during this reporting period as in FY20, including incomplete referrals of all survivors from peripheral facilities to subcounty and county referral hospitals due to stigma, fear, and cost, which in turn led to missed opportunities. To mitigate this, the project supported sites through mentorship and supportive supervision for HCWs to ensure they provide the minimum package of post-GBV clinical services and refer cases when deemed necessary.

The project provided GBV informational materials, standard operating procedures, and data-capture tools (e.g., post-rape care forms, registers, and black books) to HCWs.

At the same time, the project continued to support post-GBV volunteers at five high-volume hospitals in Nyamira County to provide LIVES (Listen, Inquire, Validate, Enhance safety and Support) support directly to survivors as well as document provision of these services in relevant reporting tools and reports in KHIS. The project also continued to work with GBV focal persons in county and subcounty health management teams to build the capacity of, and provide technical assistance to, HCWs on GBV service provision. This included facility-level CME and mentorship on GBV case identification, proper documentation, and reporting.

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## Progress on environmental mitigation and monitoring

The project supports an annual environmental mitigation, monitoring, and reporting plan as part of its annual work plan. The focus in FY21 included strengthening health care waste management at all levels in supported counties, especially at the testing points, VMMC minor operation theaters, and laboratories. Additionally, the project focused on ensuring compliance to COVID-19 government protocols at both project and site levels.

In FY21 Q3, the project provided health care waste management commodities for infection prevention and control, supported capacity-building, and conducted supportive supervision with a focus on mentorship and on-the-job training for HTS providers, HCWs, DREAMS local implementing partner staff, and VMMC teams on proper waste management.

The project also mentored facility staff, especially those in pharmacy and laboratory departments, on separating and removing expired commodities; labeling expired commodities clearly to mitigate the risk of accidental use; and following correct procedures for destroying expired commodities. The project worked closely with counties and hospital management teams to transport waste generated at facilities without incinerators to functional incinerators.

The project continued to sensitize HF staff on observing COVID-19 preventive measures. To reduce exposure to the virus, the project also procured some basic protective items for the staff, such as gloves and masks.

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## Progress on links to other USAID and Centers for Disease Control and Prevention programs

In FY21 Q3, AZ continued to collaborate with three key programs—Human Resources for Health Kenya, the Palladium Group, and mHealth Kenya.

The project's collaboration with the Palladium Group aimed at improving county and HF use of EMRs, including training project staff on the upgraded KenyaEMR OpenMRS version 2.4. The updated version of KenyaEMR (with updates to ensure interoperability with the latest software and application technologies) will be installed at supported HFs by the incoming partner in Q4.

The project also worked to transition some project activities to incoming partners—namely, PATH Kenya's Nuru Ya Mtoto (OVC/DREAMS in Homa Bay and Migori) and Jaramogi Oginga Odinga University of Science and Technology's Boresha Jamii (key population work in Kisumu County).

## Progress on links with Government of Kenya agencies

During FY21 Q3, AZ supported several county and subcounty activities and collaborations, as presented in previous sections of this report. Of note in Q3, the project partnered with the MOH to support the transition of service delivery activities at drop-in centres and AGYW safe spaces across Homa Bay, Kisumu, and Migori counties to new implementing partners. Support to HFs continued, including link facilities providing HTS to AGYW; group-based interventions; capacity-building activities, such as trainings, orientations, mentorship, and supportive supervision visits; and review meetings; however, they proceeded at a low pace due to the impending transition. Key collaborations during the reporting period are noted in Table 65.

**Table 65. Government ministries and departments that Afya Ziwani collaborated with (FY21 Q3).**

Government of Kenya Agency	Component	Areas of Linkage
Ministry of Health	Biomedical services	<ul style="list-style-type: none"> <li>Standards of care/standard operating procedures.</li> <li>Distribution of key commodities and supplies.</li> <li>Facilitation of trainings.</li> <li>Technical working groups.</li> <li>National databases.</li> <li>Provision of biomedical outreach and referral services for AGYW.</li> <li>Supportive supervision.</li> </ul>
Department of Youth and Gender, Children Services Youth Enterprise Development Fund	Social asset building	<ul style="list-style-type: none"> <li>Safe spaces for girls.</li> <li>Gender-based technical working groups.</li> <li>Stakeholder forums.</li> </ul>
Ministry of Education, Science and Technology	Education	<ul style="list-style-type: none"> <li>Safe spaces.</li> <li>School fees.</li> <li>Vocational training.</li> </ul>
Ministry of Internal Security (Kenya Police) Provincial administration County government	Security and accountability	<ul style="list-style-type: none"> <li>Group-based services among AGYW.</li> <li>Post-GBV care for AGYW—accountability/legal support.</li> <li>Security at safe spaces.</li> <li>Bursaries.</li> </ul>

*Abbreviations:* AGYW, adolescent girls and young women; FY, fiscal year; GBV, gender-based violence; Q, quarter.

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## Global development alliance (if applicable)

Not applicable.

## Subsequent quarter's work plan

### Overview of work plan status

Table 66 summarizes planned activities for FY21 Q3.

**Table 66. Work plan activities and statuses for increased and expanded high-quality HIV services (FY21 Q3).**

Key Planned Activities	April	May	June	Outputs/Comments
Co-enroll 9- to 17-year-old girls with Catholic Relief Services/MWENDO	X			Transitioned to incoming partners due to project termination
Support facility mentorship activities by strengthening mentoring teams for ART, PMTCT, HIV testing and counseling, lab, and pharmacy	X	X		Support to be provided to the 128 reporting sites
Support facility-based CME for TB/HIV service delivery on a quarterly basis	X	X		Support to be provided to the 128 reporting sites
Support the laboratory networking model for CD4, EID, biochemistries, hematology, and VL services	X	X		The country is experiencing shortages of testing reagents and consumables
Optimize pediatric ART treatment regimens	X	X		Support to be provided to the 128 reporting sites
Support TB/HIV reporting to meet COP20 quarterly targets	X	X		Support to be provided to the 128 reporting sites
Support accelerated ART enrollment and retention activities	X	X		Support to be provided to the 128 reporting sites
Install DWAPI and the PrEP module in EMR sites	X	X		Support to be provided to the 128 reporting sites
Support routine DQAs for EMRs	X	X		Support to be provided to the 128 reporting sites
Support facility ART/PMTCT defaulter-tracing mechanisms (diaries, peer educators, airtime, and mobile phone-based reminders) and the revised appointment management system	X	X		Support to be provided to the 128 reporting sites
Support monthly meetings of facility PLHIV support groups (including pediatric, male, adolescent, PMTCT, general CCC)	X	X		Budget cuts affected implementation of these activities
Support HIV counseling and testing of pregnant mothers and mother-baby pairs at ANC and MCH clinics	X	X		Support to be provided to the 128 reporting sites
Provide HCW mentorship on elimination of mother-to-child transmission of HIV	X	X		Support to be provided to the 128 reporting sites
Support nonclinical counselors	X	X		Support to be provided to the 128 reporting sites

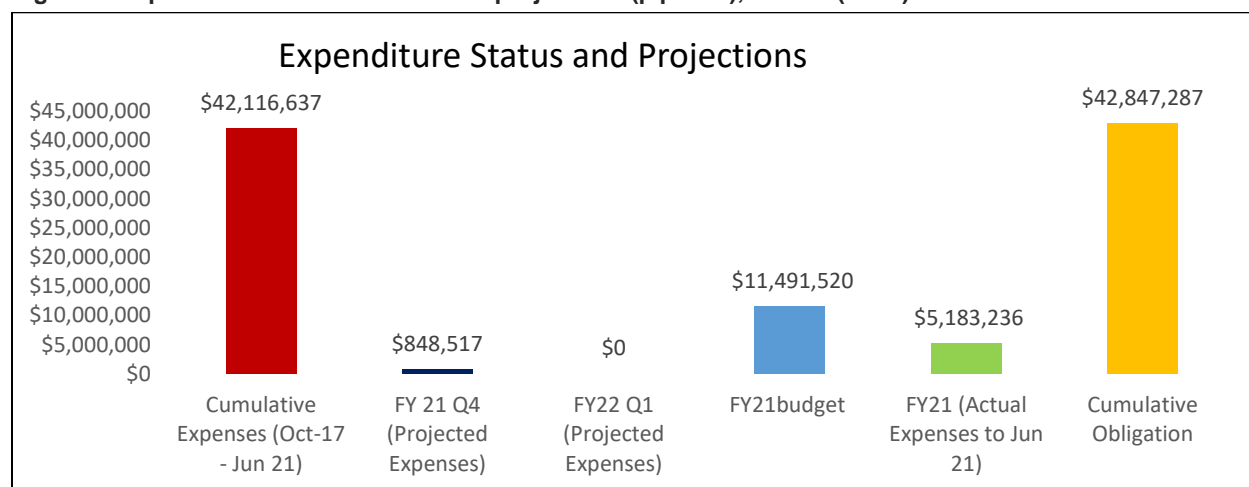
Support drug-resistant TB patients access treatment	X	X		Support to be provided to the 128 reporting sites
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*Abbreviations:* ANC, antenatal care; ART, antiretroviral therapy; CCC, comprehensive care center; CD4, cluster of differentiation 4; CME, continuing medical education; COP, country operational plan; DQA, data-quality assessment; DWAPI, Data Warehouse application programming interface; EID, early infant diagnosis; EMR, electronic medical record; FY, fiscal year; HCW, health care worker; MCH, maternal and child health; MWENDO, Making Well-informed Efforts to Nurture Disadvantaged Orphans and Vulnerable Children; PLHIV, people living with HIV; PMTCT, prevention of mother-to-child transmission of HIV; PrEP, pre-exposure prophylaxis; Q, quarter; TB, tuberculosis; VL, viral load.

## Budget and expenditure details

The project's total estimated cost is \$43,138,061 and current cumulative obligation is \$42,847,287. Cumulative project expenditures, as presented in Figure 3, is \$42,116,637. Figure 3 also shows the project's expenditure status and financial projections. Table 67 below details the project's actual expenditures and future budget projections.

**Figure 3. Expenditure status and financial projections (pipeline), in USD (FY21).**



Source: Project financial records, June 2021.

Abbreviations: FY, fiscal year; Q, quarter; USD, US dollar.

**Table 67. Actual expenditure and future projection, in USD (FY21).**

<b>Total Estimated Costs</b>	\$43,138,061
<b>Cumulative Obligation</b>	\$42,847,287
<b>Cumulative Expenditures (March 2021)</b>	\$42,116,637

Abbreviations: FY, fiscal year; USD, US dollar.

Actual and anticipated expenditures against major budget line items, by quarter, are presented in Table 68. Table 69 provides more detailed expenditure notes.

**Table 68. Actual expenditures and future projections against line items, in USD (FY21).**

Line Items	Obligation	FY21 Q3 (Cumulative Expenditures)	FY21 Q4 (Projected Expenditures)	FY22 Q1 (Projected Expenditures)
<b>Personnel</b>		\$8,204,128.29	\$108,517.28	\$0.00
<b>Consultants</b>		\$96,674.74	\$0.00	\$0.00
<b>Travel and transportation</b>		\$679,864.33	\$6,331.74	\$0.00
<b>Other direct costs</b>		\$24,561,046.72	\$249,687.14	\$0.00
<b>Overhead</b>		\$7,370,796.63	\$122,485.38	\$0.00
<b>Fixed fee</b>		\$1,204,125.81	\$361,495.85	\$0.00
<b>Total</b>		<b>\$42,847,287.38</b>	<b>\$848,517.39</b>	<b>\$0.00</b>

Source: Project financial records, June 2021.

Abbreviations: FY, fiscal year; Q, quarter; USD, US dollar.

**Table 69. Expenditure notes (FY21).**

<b>Personnel</b>	The project received a notice of termination effective August 31, 2021. AZ has started the closeout process, which includes reducing staffing levels for both the reporting period and subsequent quarter.
<b>Consultants</b>	The project does not anticipate hiring any consultants in this financial year.
<b>Travel and Transportation</b>	Travel has been limited, with reduced physical meetings and trainings in Q3 due to the prevailing COVID-19 situation. Travel is expected to be limited next quarter due to reduced project activities and project closeout.
<b>Other Direct Costs</b>	The project anticipates a reduction in implementation activities due to closeout.
<b>Overhead</b>	This is calculated as per contract terms and conditions.
<b>Fixed Fees</b>	These are earned as per contract terms and conditions. (Earned in FY21 Q4).

*Abbreviations:* AZ, Afya Ziwani; FY, fiscal year; Q, quarter.

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## Activity administration

### **Personnel**

In FY21 Q3, there were some key personnel and other personnel changes in the project: AZ's monitoring and evaluation specialist transitioned to the Nuru Ya Mtoto project led by PATH Kenya and funded by USAID. The project proposed Lydia Nguti as the acting monitoring and evaluation specialist; this is still pending with USAID. An additional 15 project staff (both technical and operations staff) also transitioned to the Nuru Ya Mtoto project. Other project key personnel remain in place to close the project at the end of August 2021.

### **Contract amendments**

There was one contract amendment (number 10) in Q3. It noted the project termination date as August 31, 2021. It obligated an additional \$660,312 to bring the total project obligation to \$42,847,975.38 from \$42,147,975.38. It also revised the total estimated award ceiling from \$64,993,553 to \$43,138,060.95.

### **Subcontractors**

No new subcontractors were engaged in FY21 Q3.

### **Other significant approval(s) from USAID**

In line with the project's closeout and asset disposition plan, the project received the contracting officer's approval for the proposed disposition of motor vehicles to beneficiaries, including county governments and incoming projects/partners.

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## GPS information

Please see the GPS information sheet in the attachment.

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## Success stories

**Using to project fixed fee to enhance facility infrastructure**